1

R-400 70 7001

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 7001

1. NAME OF DECEASED (Type or Print) ~~LOUIS C. RILEY~~ LOUIS RICHARD RILEY

2. DATE OF DEATH Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD Month 6 Day 25 Year 1970 Hour 1:20 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Union Memorial Hospital (DOA)

44/99

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md. B. COUNTY 1204

C. CITY OR TOWN Balto. D. INSIDE CITY LIMITS? YES ☒ NO ☐

6. SEX Male

7. RACE White

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

9. DATE OF BIRTH April 30, 1916

10. AGE (In years last birthday) 54

If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER 306 E. North Ave.

11. BIRTHPLACE (State or foreign country) Davis, West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George M. Riley

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Upholster

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME Virginia C. Fox

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT Mr. John C. Smith, ADDRESS 428 Martin Dr. Millersville Md.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I

4854

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Bilateral bronchopneumonia

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

Chronic obstructive pulmonary disease

Arteriosclerotic cardiovascular disease, moderate

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No) yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE Mihalakis M.D.

EXAMINER'S NAME (Type) Isidore Mihalakis, MD..

CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☒

ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED 6-26-70

24A. BURIAL CREMATION, REMOVAL (Specify) Burial

24B. DATE 7-14-1970

24C. NAME of CEMETERY or CREMATORY Davis Cemetery

24D. LOCATION (City, town, or county) (State) Davis, West Virginia

25A. DATE REC'D BY HEALTH DEPT. JUL 14 1970 Robert E. Yaskey, M.D.

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR Howard H. Hubbard, ADDRESS 4107 Wilkens Ave. 21229

VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-300 70 7002 REG. NO. 70 7002

1. NAME OF DECEASED (Type or Print): EDNA E. HUOT

2. DATE AND HOUR OF DEATH: July 10, 1970 | 9:20 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 2720 St. Paul Street Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1206
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2720 St. Paul Street

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Jan 25, 1890
9. AGE (In years last birthday): 80
If Under 1 Yr. Months: Days: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home-maker
10B. KIND OF BUSINESS OR INDUSTRY: Own- Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Beall
14. MOTHER'S MAIDEN NAME: Mary E. Evensfield
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 213-38-7154
17. INFORMANT: (Sister) Mrs. Katherine M. Collins
ADDRESS: 426 W. Greenwood Linthicum, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 4122

(A) IMMEDIATE CAUSE: C.V.A. — Sudden.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Hypertensive arterio-sclerotic cardiovascular disease. — About 25 yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from 7/31/51 19 to 7/10/70 19, that (I) ~~(we)~~ last saw the deceased alive on 6/20/70 19 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ ~~(did)~~ (did not) view the body after death.

23A. SIGNATURE: Edwin B. Garrett DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/13/70
23C. PHYSICIAN'S NAME (Type): Edwin B. Garrett, M.D. DEGREE
23D. ADDRESS: 11 East Chase St., Baltimore, Maryland. 21202.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/14/70
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970
25B. NAME OF REGISTRAR: Robert E. Lackey M.D.
25C. FUNERAL DIRECTOR: R. P. Ware
ADDRESS: Singleton Funeral Home Glen Burnie, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. K-460 70 7003

REG. NO. 70 7003

1. NAME OF DECEASED (Type or Print): JOHN IGNATIUS KOHLER, SR.

2. DATE AND HOUR OF DEATH: July 9, 1970 9:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore 2702

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4402 Arabia Ave.

5. SEX: M 6. RACE: Cau 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 9/04/13 9. AGE (In years last birthday): 56 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Linotype Operator

10B. KIND OF BUSINESS OR INDUSTRY: Balto. News-American Printing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George T. Kohler

14. MOTHER'S MAIDEN NAME: Mary Dailey

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 215-10-8726

17. INFORMANT: Family ADDRESS: 4402 Arabia Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Intracerebral hemorrhage

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18B. 431.9

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from July 7 19 70 to July 9 19 70, that (I) ~~(we)~~ last saw the deceased alive on July 9 19 70 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: David J. Pourner, MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: July 9, 1970

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/13/1970

24C. NAME of CEMETERY or ~~CREMATORY~~: Most Holy Redeemer

24D. LOCATION (City, town, or county): Balto. (State): Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970

25B. NAME OF REGISTRAR: Robert E. Jaeger, M.D.

25C. FUNERAL DIRECTOR: J. Walter Conklin ADDRESS: 5444 Belair Road

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. C-616 70 7004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7004

1. NAME OF DECEASED (Type or Print): CROPPER FRANCIS HENRY

2. DATE AND HOUR OF DEATH: 6.30 Pm 7-9-70

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CH. & HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 202
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: ~~100 N. BROADWAY~~ 1807 E PRATT ST

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: FEB 7 1913
9. AGE (In years last birthday): 57
If Under 1 Yr. Months / Days / Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WELDER
10B. KIND OF BUSINESS OR INDUSTRY: CROWN CORK & SEAL CO
11. BIRTHPLACE (State or foreign country): BERLIN MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM W. CROPPER
14. MOTHER'S MAIDEN NAME: EMMA DAVIS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.
17. INFORMANT: HELEN C. SIEGERT 5659 TURNABOUT LANE
ADDRESS: 21043

MEDICAL CERTIFICATION

18. 410.9

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Acute Myocardial Infarction & L.B.B.B.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerotic Cardio Vascular Disease
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/9/1970 19 to 7/9/1970 19 that (I) (we) last saw the deceased alive on 7/9/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Firozvi MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7/9/70
23C. PHYSICIAN'S NAME (Type): FIROZVI MD DEGREE
23D. ADDRESS: CHURCH HOME & HOSPITAL.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: JULY 14 70
24C. NAME of CEMETERY or CREMATORY: CALVERY EPISCOPAL CEMETERY
24D. LOCATION (City, town, or county) (State): ROCKDALE PENNA.

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Dipper Bros Inc
ADDRESS: 1800 E. Lombard St

VS 150-REV. 1/1/68

E-324

BIRTH NO. 70 7005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7005

1. NAME OF DECEASED (Type or Print): Edghill Ulric

2. DATE AND HOUR OF DEATH: 7.10 am on 7.11.70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 34 Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md B. COUNTY: 21237 Balto. 53-00
C. CITY OR TOWN:
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Ellenwood Rd. 1822 Balto 37

5. SEX: Male
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ Separated DIVORCED ☐
8. DATE OF BIRTH: 02-01-98
9. AGE (In years last birthday): 72
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10B. KIND OF BUSINESS OR INDUSTRY: Dairy Business
11. BIRTHPLACE (State or foreign country): West Indies
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William Edghill
14. MOTHER'S MAIDEN NAME: Edith Hutchinson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): unknown (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ~~[illegible]~~ 093-01-2652
17. INFORMANT: Chart ADDRESS:

MEDICAL CERTIFICATION

18. 492 X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Respiratory arrest with — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 hour
DUE TO, OR AS A CONSEQUENCE OF: marked respiratory acidosis
(B) Diffuse pulmonary emphysema — years
DUE TO, OR AS A CONSEQUENCE OF: with bronchiectasis
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: fractured tonsy
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Respiratory distress
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?: Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): no
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?:

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 6.30 1970 to 7.11 1970 that (I) ~~(we)~~ last saw the deceased alive on 7.10 1970 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Iain C. Kerr MBCHB DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7-11-70
23C. PHYSICIAN'S NAME (Type): IAIN C. KERR M.B. CHB DEGREE
23D. ADDRESS: BON SECOURS HOSP 2025 W. FAYETTE ST #23

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 7/13/70
24C. NAME of CEMETERY or CREMATORY: Greenmount Crematory
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970
25B. NAME OF REGISTRAR: Robert E. [illegible] M.D.
25C. FUNERAL DIRECTOR: Philip E. Coach
ADDRESS: 1211 Chesapeake Ave Balto 37

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. B-624 70 7006

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 70 7006

1. NAME OF DECEASED (Type or Print): BRESLAU, IRVIN A.

2. DATE AND HOUR OF DEATH: 7/12/70 8:50 p M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND — FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 48 Md. Gen. Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Md. B. COUNTY: 2102 C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore D. STREET ADDRESS (If rural, give location): 1154 W. Hamburg St.

5. SEX: M. 6. RACE: W. 7. MARITAL STATUS: MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): MARRIED

8. DATE OF BIRTH: 8/18/1908 9. AGE (In years last birthday): 61 If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector 10B. KIND OF BUSINESS OR INDUSTRY: Revere Brass Copper Co. 11. BIRTHPLACE (State or foreign country): Md. 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Breslau 14. MOTHER'S MAIDEN NAME: Catherine Schultz

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service): ✓ 16. SOCIAL SECURITY NO.: ? 17. INFORMANT: Mrs Evelyn E. Breslau ADDRESS: above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ADENOCARCINOMA STOMACH, LUNG — ?

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/5/70 19 to 7/12 1970, that (I) (we) last saw the deceased alive on 7/12 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Irwin W. Pardo M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ 23B. DATE SIGNED: 7/12/70

23C. PHYSICIAN'S NAME (Type) M.D. 23D. ADDRESS: Md. Gen. Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 7/16/70 24C. NAME of CEMETERY or CREMATORY: Mt. Olivet Cem. 24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970 25B. NAME OF REGISTRAR: Robert E. Farley, M.D. 25C. FUNERAL DIRECTOR: John J. Cavan & Son Inc. ADDRESS: 261 Collins 23, Md. St.

VS 150-REV. 1/1/65

1

N-634 70 7007

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 70 7007

1. NAME OF DECEASED (Type or Print): KEENITH A. NARDELL

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month July Day 10 Year 1970 Hour M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 922 St. Paul Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 102
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 922 St. Paul Street

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 11/2/34
10. AGE (In years last birthday): 35 ~~XXX~~ If Under 1 Yr. or Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Florida
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Peter L. Nardell
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chemist
14B. KIND OF BUSINESS OR INDUSTRY: U.S. Government
15. MOTHER'S MAIDEN NAME: Hazel Nelson
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Van Orsdel Funeral Home ADDRESS: Miami, Florida

MEDICAL CERTIFICATION

19. E9509

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cyanide poisoning
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 922 St. Paul St. 11-02
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 7-?-70 ? m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Injected overdose of Cyanide

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☒ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Mihalakis M.D.
EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 7/10/70

24A. BURIAL CREMATION, REMOVAL (Specify): Removal
24B. DATE: 7/12/70
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City, town, or county) (State): Miami, Florida

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970 Robert E. Farley, M.D.
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR: Wm. Cook-Brooks Towson Inc ADDRESS: 1050 York Road Baltimore, Md. 21204

VS 151-REV. 1/1/68

N989.0

Letter from M.E.'s office 7-24-70 M.H.

BIRTH NO. M-625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

Registered No. 70 7008

M.E. CASE NO. 70 7008

1. NAME OF DECEASED (Type or Print): LEROY MERCHANT

2. DATE AND HOUR OF DEATH: 7-9-70 M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GOULD CONVALESARIUM 6116 BELAIR Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: BALTIMORE Co 53-00

C. CITY OR TOWN (If outside city limits, write RURAL and give township): RURAL - DUNDALK

D. STREET ADDRESS (If rural, give location): 1526 RITA Rd.

5. SEX: M

6. RACE: CAUCASIAN

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify):

8. DATE OF BIRTH: JAN 24, 1906

9. AGE (In years last birthday): 64

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FOREMAN

10B. KIND OF BUSINESS OR INDUSTRY: STEEL

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: LEROY G. MERCHANT, SR.

14. MOTHER'S MAIDEN NAME: DAISY COOPER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 217-10-9799

17. INFORMANT: RUTH DONALDSON MERCHANT ADDRESS: Same as above

MEDICAL CERTIFICATION

18. 189.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Cachexia — Month.

DUE TO

(B) Carcinomatosis — " "

DUE TO

(C) Renal Carcinoma — —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Emphysema. Atherosclerotic Cardiovascular Disease

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 6/24/1970 to 7/9/1970, that (I) (~~we~~) last saw the deceased alive on 7/7/1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Albert B. Bradley M.D. Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 7/10/70

23C. PHYSICIAN'S NAME (Type): ALBERT B. BRADLEY, M.D.

23D. ADDRESS: 4900 BELAIR ROAD BALTO., MD. 21206

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 7/13/1970

24C. NAME of CEMETERY or CREMATORY: LORRAINE PARK

24D. LOCATION (City, town, or county) (State): BALTO Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970

25B. NAME OF REGISTRAR: Robert E. Talbert M.D.

25C. FUNERAL DIRECTOR: Virginia L. Bradley ADDRESS: WALTER BROOKS BRADLEY, FNC DUNDALK

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

F-452 70 7009 Henrietta

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

70 7009

BIRTH NO. X REG. NO.

1. NAME OF DECEASED (Type or Print) XXXXXXXXXX Henrietta Flanagan

2. DATE AND HOUR OF DEATH July 11, 1970 | 3:15 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

University of Maryland Hosp. Greene St. Baltimore. Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md B. COUNTY Balto. 53-00

C. CITY OR TOWN City. D. INSIDE CITY LIMITS? YES ☐ NO ☑

E. STREET AND NUMBER Box 21 Rt 15 Seneca Garden Rd

5. SEX F 6. RACE W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH 5/14/06 9. AGE (In years last birthday) 64 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HW

10B. KIND OF BUSINESS OR INDUSTRY H.W.

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME George J. Porsch

14. MOTHER'S MAIDEN NAME Hilda Wuest

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Harry Flanagan ADDRESS Same

MEDICAL CERTIFICATION

18. 150 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE Cardiopulmonary arrest

DUE TO, OR AS A CONSEQUENCE OF:

(B) Renal shutdown, Heart block — 4 days

DUE TO, OR AS A CONSEQUENCE OF: Peritonitis. — 6 days

(C) ~~Ca Esophagus~~ — ~~5 months~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

Ca Esophagus — 45 Months

19A. DATE OF OPERATION 6-29-70 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Gord

20A. AUTOPSY? (Yes or No) Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 22 1970 to July 11 1970 that (I) (we) last saw the deceased alive on July 11, 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE H. Jae Ihm MD DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED July 11, 1970

23C. PHYSICIAN'S NAME (Type) H. JAE Ihm. M.D. DEGREE

23D. ADDRESS University of Md. Hospital

24A. BURIAL CREMATION, REMOVAL (Specify) Burial

24B. DATE 7-15-70

24C. NAME of CEMETERY or CREMATORY Parkwood

24D. LOCATION (City, town, or county) (State) Balto Md

25A. DATE REC'D BY HEALTH DEPT. JUL 14 1970

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR Chas. T. Evans Son ADDRESS 8802 Harford Rd

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-625 70 7010

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7010

1. NAME OF DECEASED (Type or Print): MORGAN HOWARD PATRICK

2. DATE AND HOUR OF DEATH: 7-11-70 8:05 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 2609

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 627 S. GRUNDY ST.

5. SEX: M

6. RACE: W

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]

8. DATE OF BIRTH: 01/29/11

9. AGE (In years last birthday): 60 59

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Howard Morgan

14. MOTHER'S MAIDEN NAME: Estella Wise

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes

(If yes, give war or dates of service): W W 2

16. SOCIAL SECURITY NO.: 214-16-9136

17. INFORMANT: Mrs. Regina M. Morris, 3745 Bonview Ave. 21213

ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

410.9

(A) IMMEDIATE CAUSE: Cardiac Arrest

DUE TO, OR AS A CONSEQUENCE OF:

(B) Myocardial infarction

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): no

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/11/70 19 20 to 7/11 19 20 that (I) (we) last saw the deceased alive on ____ 19 ____ and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~I~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Harvey G. Klein DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 7/11/70

23C. PHYSICIAN'S NAME (Type): HARVEY G. KLEIN MD DEGREE

23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/15/70.

24C. NAME of CEMETERY or CREMATORY: Baltimore National Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970

25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.

25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. Balto. Md. 21214

ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

133 7657 Morgan, Howard Patrick

E-630 70 7011

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7011

1. NAME OF DECEASED (Type or Print): Thaddeus L Erauth

2. DATE AND HOUR OF DEATH: July 11, 1970 | 6 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 1807 Heathfield Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2749
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1807 Heathfield Ave

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Dec. 24, 1909.
9. AGE (In years last birthday): 60
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Lithographer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Teofil Erauth
14. MOTHER'S MAIDEN NAME: Josephine Michon

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-01-4720
17. INFORMANT: Mrs. Josephine Erauth
ADDRESS: (Same)

MEDICAL CERTIFICATION

18. 162.1

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Metastatic Carcinoma	3 mos
DUE TO, OR AS A CONSEQUENCE OF:	Carcinoma of Left Lung	7 mos.
(B) DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Hypertensive Cardio-Cerebral Vascular Disease — 7 years

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 2/2/ 1963 to 7/11 1970 that (I) (we) last saw the deceased alive on July 3 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~Was not~~) (did not) view the body after death.

23A. SIGNATURE: John H. Hirschfeld M.D. DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/13/70
23C. PHYSICIAN'S NAME (Type): John H Hirschfeld M.D. DEGREE
23D. ADDRESS: 6919 Harford Rd Baltimore, Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/14/70.
24C. NAME of CEMETERY or CREMATORY: Gardens of Faith Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Leonard J Ruck Inc.
ADDRESS: Baltimore, Maryland

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

W-425 70 7012

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7012

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): G. Raymond Wilkinson

2. DATE AND HOUR OF DEATH: July 10, 1970 | 5.A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Edgewood Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 903
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [x] NO [ ]
E. STREET AND NUMBER: 3526 Ellerslie Ave.

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [x] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Nov. 1, 1886
9. AGE (In years last birthday): 83
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Alexander Wilkinson
14. MOTHER'S MAIDEN NAME: Mary Jane White
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes
(If yes, give war or dates of service): W.W.1
16. SOCIAL SECURITY NO.: 218-03-1299
17. INFORMANT: Mrs. Paul Cooley
ADDRESS: 1401 Wilson Pt. Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebral vascular Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 14 yr.
DUE TO, OR AS A CONSEQUENCE OF:

(B) Generalized arteriosclerosis — 5 yrs
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from April 23 1970 to July 10 1970 that (I) (~~we~~) last saw the deceased alive on July 4 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Frederick J. Vollmer M.D. DEGREE
Attending Phys. [x] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: July 10, 1970
23C. PHYSICIAN'S NAME (Type): Frederick J Vollmer M.D. DEGREE
23D. ADDRESS: 6100 York Rd Baltimore, Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/14/70
24C. NAME of CEMETERY or CREMATORY: Parkwood Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Leonard J Ruck Inc.
ADDRESS: Baltimore, Maryland

VS 150-REV. 1/1/68

B-150 70 7013

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7013

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): WILLIAM BOFFEN

2. DATE AND HOUR OF DEATH: July 9, 1970 — 10 55/P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1664 Ralworth Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — B. COUNTY: 902
C. CITY OR TOWN: Baltimore — D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1664 Ralworth Rd

5. SEX: male
6. RACE: caucasian
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: March 9, 1897
9. AGE (In years last birthday): 73 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mill Wright
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward Boffen
14. MOTHER'S MAIDEN NAME: Bertha ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 085-07-6217
17. INFORMANT: Mrs Anna Boffen — ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 412.3 CORONARY HEART DISEASE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 YEARS.

DUE TO, OR AS A CONSEQUENCE OF:

(B) A.S.C.V. Disease

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Oct 71 19 66 to July 9, 19 70 that (I) (we) last saw the deceased alive on July 1, 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Arthur Karfgin M.D. DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ] — 23B. DATE SIGNED: 7/10/70.
23C. PHYSICIAN'S NAME (Type): ARTHUR KARFGIN M.D. DEGREE
23D. ADDRESS: 1532 HAVENWOOD RD., Baltimore, Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/13/70
24C. NAME of CEMETERY or CREMATORY: Gardens Of Faith
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970
25B. NAME OF REGISTRAR: Vaber, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. — ADDRESS: Baltimore, Md. - 14

VS 150-REV. 1/1/68

H-200 70 7014

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7014

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Thomas L. Higgs

2. DATE AND HOUR OF DEATH: July 11, 1970 7:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 3728 Gibbons Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2706
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3728 Gibbons Ave

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: July 19, 1889
9. AGE (In years last birthday): 80
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Civil Eng.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John S Higgs
14. MOTHER'S MAIDEN NAME: Anna Clarkson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 240-14-4617
17. INFORMANT: Mrs Beulah Higgs ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Coronary occlusion
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerotic C.V.D.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 1951 to July 11 1970 that (I) (we) last saw the deceased alive on June 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Henry Haase DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/11/70
23C. PHYSICIAN'S NAME (Type): Henry J Haase M.D. DEGREE
23D. ADDRESS: 2926 Cold Spring Lane Baltimore, Maryland

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/13/70
24C. NAME of CEMETERY or CREMATORY: Maplewood
24D. LOCATION (City, town, or county) (State): Durham, North Carolina

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Leonard J Ruck Inc. ADDRESS: Baltimore, Maryland

VS 150-REV. 1/1/68

L-265 70 7015

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7015

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Lockerman, Grace (Lockerman, Grace E.)

2. DATE AND HOUR OF DEATH: 545 AM 7/10/70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): John Hopkins Hospital
33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: ~~[illegible]~~ 841
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: ~~[illegible]~~ 3230 Cliftmont Ave.

5. SEX: F
6. RACE: C
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8/11/03
9. AGE (In years last birthday): 66
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Walter Anthony
14. MOTHER'S MAIDEN NAME: Miller, Kate

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) ~~Yes~~ No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-03-2055
17. INFORMANT: Mr. James M. (Lockerman) ADDRESS: (Same)

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

1B. 1519

(A) IMMEDIATE CAUSE: Probable Cancer of Stomach
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Probable Pneumonia

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (~~this hospital~~) attended the deceased from 7/9 19 70 to 7/10 19 70 that (I) (~~we~~) last saw the deceased alive on 7/10 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Henry D Ziegler MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7/10/70
23C. PHYSICIAN'S NAME (Type): HENRY D. ZIEGLER M.D. DEGREE
23D. ADDRESS: John Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/13/70
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970
25B. NAME OF REGISTRAR: Robert E. Farley M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. ADDRESS: Balto. Md. 21214

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. R-452 70 7016 Registered No. 70 7016

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print): LOTTIE ROLLINS

2. DATE AND HOUR OF DEATH: 7-11-70 4:55 P.M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND — FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARYLAND GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE 1509
C. CITY OR TOWN (If outside city limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 4002 BATEMAN AVE

48

5. SEX: F
6. RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): MARRIED
8. DATE OF BIRTH: 4-12-98
9. AGE (In years last birthday): 72
If Under 1 Yr. Months / Days / Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC, MAID
10B. KIND OF BUSINESS OR INDUSTRY: PVT FAMILY
11. BIRTHPLACE (State or foreign country): WASHINGTON, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~UNKNOWN~~ JOHN SMITH
14. MOTHER'S MAIDEN NAME: ~~UNKNOWN~~ HELEN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-16-5640
17. INFORMANT: JOHN I ROLLINS, HUSBAND — ADDRESS: SAME

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

18. 410.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Infarction — INTERVAL BETWEEN ONset AND DEATH: 30 DAYS
DUE TO
(B) ASCVD
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. RENAL FAILURE, CHF

19A. DATE OF OPERATION: NONE
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 5/19/70 19 to 7/11/70 19, that (I) ~~(we)~~ last saw the deceased alive on 7/11/70 19 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) (did ~~not~~) view the body after death.

23A. SIGNATURE: William Quesenberry M.D. — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7/11/70
23C. PHYSICIAN'S NAME (Type): WILLIAM QUESENBERRY M.D.
23D. ADDRESS: MARYLAND GENERAL HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/16/70
24C. NAME of CEMETERY or CREMATORY: MT AUBURN
24D. LOCATION (City, town, or county) (State): BALTIMORE MD

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970
25B. NAME OF REGISTRAR: Robert E. Valberg, M.D.
25C. FUNERAL DIRECTOR: [illegible] — ADDRESS: 638 N Gilmor St

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

S-353

70 7017

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 7017

1. NAME OF DECEASED (Type or Print): JOHN W. STANTON

2. DATE OF DEATH: Known [X] Estimated [ ] Month July Day 8 Year 1970 Hour M.

3. DATE PRONOUNCED DEAD: Month July Day 8 Year 1970 Hour 8:45 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1623 Erickson Place

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 8-06
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1623 Erickson Place

6. SEX: Male

7. RACE: Negro

8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

9. DATE OF BIRTH: May 2 1885

10. AGE (In years last birthday): 85
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wise Stanton

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Emma Logan

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

17. SOCIAL SECURITY NO.: 218-03-9747

18. INFORMANT: Bessie Parker ADDRESS: 1609 N. Wolfe St

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

4 1 2 4

Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

DATE SIGNED: July 9, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/13/70

24C. NAME of CEMETERY or CREMATORY: Mt Calvary Cem

24D. LOCATION (City, town, or county) (State): A-A County Md.

25A. DATE REG'D BY HEALTH DEPT.: JUL 14 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: William J. Spica ADDRESS: 916 E. Preston

VS 151-REV. 1/1/68

H-6501

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7018 REG. NO. 70 7018

1. NAME OF DECEASED (Type or Print): C. Gertrude Horn

2. DATE AND HOUR OF DEATH: July 7, 1970 1 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 Edgewood Nur Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 2758
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1505 Gleneagle Rd

5. SEX: F
6. RACE: W.
7. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: July 24. 87
9. AGE (If years lost birthday): 82
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Zittinger
14. MOTHER'S MAIDEN NAME: Caroline Hauser

15. Was Deceased Ever in U.S. Armed Forces? (Yes, no or unknown): —
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Son
ADDRESS: 1505 Gleneagle

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardio
DUE TO, OR AS A CONSEQUENCE OF: vascular disease
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2+ years

ANTECEDENT CAUSES

(B) DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from May 4 1970 to July 7 1970, that (I) (~~we~~) last saw the deceased alive on July 1 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Frederick J. Vollmer MD DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: July 8, 1970
23C. PHYSICIAN'S NAME (Type): FREDERICK J. VOLLMER MD DEGREE
23D. ADDRESS: 6100 YORK RD, BALTO. MD

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/10/70
24C. NAME of CEMETERY or CREMATORY: Loudon Pk.
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: P. A. Heemann
ADDRESS: 6067 Harford

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. L-000 70 7019 REG. NO. 70 7019

1. NAME OF DECEASED (Type or Print): Fannie LEE

2. DATE AND HOUR OF DEATH: July 11, 1970 4:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 90

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Midtown Home, Inc. 808 St. Paul Street Baltimore, Md 21202

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY: 1304

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1634 Gwynns Falls Parkway

5. SEX: Female

6. RACE: Negroid

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 8/9/03

9. AGE (In years last birthday): 64

If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): S.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 249-62-4301

17. INFORMANT: Thomas Lee ADDRESS: 2513 Edmondson Ave.

MEDICAL CERTIFICATION

18. I 412.7-182.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc.) It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardio-Respiratory Failure

DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic CVAD

(B) DUE TO, OR AS A CONSEQUENCE OF: Generalized Carcinomatosis

(C) Endometrial Carcinoma

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 8 1970 to July 11 1970, that (I) (we) last saw the deceased alive on July 11 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did not) view the body after death.

23A. SIGNATURE: Willard Appleford DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type): WILLARD APPLEFORD DEGREE

23D. ADDRESS: 6615 Reisterstown Rd

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-15-70

24C. NAME of CEMETERY or CREMATORY: West Vale Cemetery

24D. LOCATION (City, town, or county) (State): Anderson, S.C.

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970

25B. NAME OF REGISTRAR: Robert E. Fallon, M.D.

25C. FUNERAL DIRECTOR: V.B ailey Kelson FH ADDRESS: 1348 Calhoun Street

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-640 70 7020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7020

BIRTH NO.

1. NAME OF DECEASED (Type or Print): OLIVIA CARROLL

2. DATE AND HOUR OF DEATH: July 9, 1970 | 1:20 PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 UNIVERSITY of Md. Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1403
C. CITY OR TOWN: Baltimore 17. D. INSIDE CITY LIMITS? YES [4] NO [ ]
E. STREET AND NUMBER: 570 Baker St.

5. SEX: F 6. RACE: N N 7. MARRIED [1] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 3-16-12 9. AGE (In years last birthday): 58 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md. 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lamten Russell 14. MOTHER'S MAIDEN NAME: Ethel Watkins

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 219-18-5035

17. INFORMANT: OSCAR CARROLL ADDRESS: Hospital Record. 570 BAKER ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Septicemia	7 days
DUE TO, OR AS A CONSEQUENCE OF:	overwhelming UTI, uremia Renal failure	7 days
(B) DUE TO, OR AS A CONSEQUENCE OF:	Suspected bladder tumor	months
(C)		

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 3, 1970 to July 9, 1970 that (I) (we) last saw the deceased alive on July 9 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Frederick Pearson. MD DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [4] 23B. DATE SIGNED: July 9, 1970

23C. PHYSICIAN'S NAME (Type): FREDERICK PEARSON, M.D. DEGREE 23D. ADDRESS: Univ. of Md. Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 7-14-70 24C. NAME of CEMETERY or CREMATORY: MT. CALVERY CEM. 24D. LOCATION (City, town, or county) (State): BALTO. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970 25B. NAME OF REGISTRAR: Robert E. Talbert, M.D. 25C. FUNERAL DIRECTOR: W. R. BAILEY ADDRESS: KELSON F.H. 1348 N. CALHOUN ST.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

47-10-56 dis

BIRTH NO. W-452 70 7021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 7021

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Williams, Thomas

2. DATE AND HOUR OF DEATH: July 8, 1970 12:45 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Avenue Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Anne Arundel 5200
C. CITY OR TOWN: Millersville
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: Box 390 21108

5. SEX: Male
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 3-10-13
9. AGE (In years last birthday): 57
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Williams
14. MOTHER'S MAIDEN NAME: Bessie Jennings

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: BCH: Records
ADDRESS: 4940 Eastern Avenue Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Hepatomegaly — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 months.
DUE TO, OR AS A CONSEQUENCE OF:

(B) probable carcinoma, site of primary
DUE TO, OR AS A CONSEQUENCE OF: unknown

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6-26-70 19__ to 7-8- 19 70 that (I) (we) last saw the deceased alive on 7-8 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Henry Herrera M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7/9/70
23C. PHYSICIAN'S NAME (Type): Henry Herrera M.D. DEGREE
23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-13-1970
24C. NAME of CEMETERY or CREMATORY: Town Neck
24D. LOCATION (City, town, or county) (State): Severna Park Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970
25B. NAME OF REGISTRAR: Robert E. Tarbey M.D.
25C. FUNERAL DIRECTOR: William Beese
ADDRESS: Annapolis Md

VS 150-REV. 1/1/68

M. 633 1

BIRTH NO. 70 7022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7022

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Meredith, Thomas

2. DATE AND HOUR OF DEATH: 7-11-70 | 4:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 39
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, 1514 Divison Street, Baltimore, Maryland 21217

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 807
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2004 Liewlyn Ave.

5. SEX: Male
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11-18-04
9. AGE (In years last birthday): 65 | If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired-Beth. Steel
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Eddie Meredith
14. MOTHER'S MAIDEN NAME: Maggie Harris
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Annie Meredith-Wife ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebral Hemorrhage — 10-14 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) HCVD.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-2-70 19 to 7-11-70 19 that (I) (we) last saw the deceased alive on 7-11-70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Elijah Saunders DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: July 13, 1970
23C. PHYSICIAN'S NAME (Type): ELIJAH SAUNDERS DEGREE
23D. ADDRESS: 1514 Divison Street Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/16/70
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Westport, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Milton E. Chilton
ADDRESS: 1129 N. Carlin St.

VS 150-REV. 1/1/68

Llewelyn

W-326 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7023 REG. NO. 70 7023

1. NAME OF DECEASED (Type or Print): WHITAKER, Robert Sr.

2. DATE AND HOUR OF DEATH: 7/9/70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
23 Veterans Administration Hospital
3900 Loch Raven Boulevard
Baltimore, Maryland 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: North Carolina
B. COUNTY: V-30
C. CITY OR TOWN: Palmyra
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: P.O. Box 13

5. SEX: Male
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1/10/97
9. AGE (In years last birthday): 73
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Halifax Co., N.C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Andrew Whitaker
14. MOTHER'S MAIDEN NAME: Cadie Washington
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): 4/1/18 - 7/7/19
16. SOCIAL SECURITY NO.: 239-48-4065
17. INFORMANT: VA Hospital Records
ADDRESS: 3900 Loch Raven Blvd., Balto., Md 21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
E924X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Acute & Chronic pulmonary Embolus — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 week
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C) Third degree burns of anterior thighs — bilaterally

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

CLINICAL CERTIFICATION APPROVED BY
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: 7
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): P.O. Box 13 V-30
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): about 7/2/70
21E. INJURY OCCURRED While At Work [ ] Not While At Work [X]
21F. HOW DID INJURY OCCUR? had been drinking spilled boiling water

22. I certify that (I) (this hospital) attended the deceased from June 29th 1970 to July 9th 1970 that (I) (we) last saw the deceased alive on July 9th 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: G. R. Leitner, Jr. M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7/10/70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Removal
24B. DATE: 7/12/70
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City, town, or county) (State): Scotland Neck, N. Carolina

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970
25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D.
25C. FUNERAL DIRECTOR: Elliott Funeral Home
ADDRESS: N. Carolina

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. L-000 70 7024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7024

1. NAME OF DECEASED (Type or Print): SADIE M. LEE

2. DATE AND HOUR OF DEATH: 7-10-70 7:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: SOUTH BALTIMORE GEN. HOSP
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3001 S. HANOVER ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 2544
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3814 BROOKLYN AVE.

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 10-14-10
9. AGE (In years last birthday): 59
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): W. VA.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John LANHAM
14. MOTHER'S MAIDEN NAME: Lillie MAE ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ~~212-16-5850~~
17. INFORMANT: BETTY ALLEN
ADDRESS: 1127 W. HAMBURG ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: MYOCARDIAL INFARCTION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: DAYS
DUE TO, OR AS A CONSEQUENCE OF:
(B) ATHEROSCLEROSIS — YEARS
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
CEREBRAL THROMBOSIS — 5 DAYS

410.9

19A. DATE OF OPERATION: NONE
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-7 1970 to 7-10 1970 that (I) (we) last saw the deceased alive on 7-10 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gary A. Belaga, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7-10-70
23C. PHYSICIAN'S NAME (Type): GARY A. BELAGA, M.D. DEGREE
23D. ADDRESS: 3001 S. HANOVER ST

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-14-70
24C. NAME of CEMETERY or CREMATORY: Balto. Nat. Cemetery
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: John J. Conran & Son Inc.
ADDRESS: 601 Hollins St.

VS 150-REV. 1/1/68

W-252 70 7025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7025

BIRTH NO. [redacted]

1. NAME OF DECEASED (Type or Print): Wisniewski, Avis

2. DATE AND HOUR OF DEATH: 7-10-70 | 8:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: AA Baltimore

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 514 Taney Ave 5200

5. SEX: Female 6. RACE: Caucasian 7. MARITAL STATUS: MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 4-13-15 9. AGE (In years last birthday): 55 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J.E. Hyatt

14. MOTHER'S MAIDEN NAME: Esther Parrott

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: James J. Wisniewski ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ca. Cervix

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Fracture (R) Femur

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) ☐ ☑

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 514 Taney Ave

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 4/3/70 7 P.

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☒

21F. HOW DID INJURY OCCUR? Burned when door frame

22. I certify that (I) (this hospital) attended the deceased from 7-3- 1970 to 7-10- 1970, that (I) (we) last saw the deceased alive on 7-10- 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Sunan Vongkasems DEGREE: Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 7-10-70

23C. PHYSICIAN'S NAME (Type): SUNAN VONGKASEMS DEGREE: MD

23D. ADDRESS: LUTHERAN HOSP. OF MD

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/13/70

24C. NAME of CEMETERY or CREMATORY: Glen Haven Memorial Pk.

24D. LOCATION (City, town, or county) (State): Glen Burnie, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970

25B. NAME OF REGISTRAR: Robert E. Jackson M.D.

25C. FUNERAL DIRECTOR: George J. Gonce ADDRESS: 4001 Ritchie Hgy. Baltimore, Md. 21225

VS 150-REV. 1/1/68

N821.0

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

K-656 70 7026

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7026

BIRTH NO.

31/99

1. NAME OF DECEASED (Type or Print): WILLIAM T. KRAMER

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year July 10, 1970 Hour 12:05 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CITY HOSPITAL (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2605

6. SEX: Male

7. RACE: White

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: Jan. 13, 1909

10. AGE (In years last birthday): 61

If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 427 Elrino Street (427 Elrino St. 24)

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Kramer

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

14B. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co.

15. MOTHER'S MAIDEN NAME: Elizabeth Sahlman

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): W.W. II

17. SOCIAL SECURITY NO.: 213-09-2771

18. INFORMANT: August F. Kramer ADDRESS: 427 Elrino St., Balto. Md

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E814.7

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple traumatic injuries

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: —

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 6500 blk. Holabird Ave. 26-46

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 7 9 70 11:50 p.m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Pedestrian struck by auto

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Isidore Mihalakis, M.D. M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 7/10/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-13-70

24C. NAME of CEMETERY or CREMATORY: Loudon Park National Cem.

24D. LOCATION (City, town, or county) (State): Frederick Ave., Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: Charles S. Geiler ADDRESS: 6224 Eastern Ave. Balto., 21224, Md.

VS 151-REV. 1/1/68

N869.0

Letter from M.E.'s office 8-16-70 M.H.

G-645 70 7027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7027

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Sarah GURALNICK

2. DATE AND HOUR OF DEATH: 7-10-70 | 2,20 p M

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: ~~2607 Quantico~~ Baltimore / 513

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2607 QUANTICO Ave #16

5. SEX: F

6. RACE: W

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 5/16/93

9. AGE (In years lost birthday): 77

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Abraham

14. MOTHER'S MAIDEN NAME: Anna

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital

ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
251.9	(A) IMMEDIATE CAUSE: Acute MI	hours
	DUE TO, OR AS A CONSEQUENCE OF: ASCVD & old MI	years
	(B) DUE TO, OR AS A CONSEQUENCE OF:	
	(C) Diabetes Mellitus	

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____ that (I) (we) last saw the deceased alive on _____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J Ardaiz MD (DEGREE)

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 7-10-70

23C. PHYSICIAN'S NAME (Type): JOSE ARDAIZ, MD (DEGREE)

23D. ADDRESS: 7 CHURCH Lane, PIKESVILLE 21208

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/12/70

24C. NAME of CEMETERY or CREMATORY: Shomre Mishmeres

24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Sylvan Lewis & Son

ADDRESS: 9610 Reisterstown Rd

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-460 70 7028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7028

BIRTH NO. MILLER, Raymond Benson

1. NAME OF DECEASED (Type or Print) [redacted]

2. DATE AND HOUR OF DEATH 7-10-70 16 45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md. B. COUNTY Maryland S. Smallwood ST 2005

C. CITY OR TOWN BALTIMORE

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER 424 S. Smallwood St Same As Above

5. SEX M

6. RACE W

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH 2-6-06

9. AGE (In years last birthday) 64

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRIVER

10B. KIND OF BUSINESS OR INDUSTRY Good Humor Co

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Raymond C. Miller

14. MOTHER'S MAIDEN NAME Ethel Benson

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-09-2284

17. INFORMANT Margaret Ann Sarant ADDRESS 106 Lamport Rd. Reisterstown, Md.

MEDICAL CERTIFICATION

1B. 571.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Septicemic Shock — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: hours

DUE TO, OR AS A CONSEQUENCE OF:

(B) Lobar Pneumonia, Rt. — days

DUE TO, OR AS A CONSEQUENCE OF:

(C) Cirrhosis of the liver — months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION 0 None

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (this hospital) attended the deceased from 7-9 19 70 to 7-10 19 70 that (I) last saw the deceased alive on 7-9 19 70 and that in (my) opinion death occurred on the date and hour and from the causes stated above. (I) (did) view the body after death.

23A. SIGNATURE L Lofranco M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED 7-10-70

23C. PHYSICIAN'S NAME (Type) Lilia A. Lofranco M.D. DEGREE

23D. ADDRESS Bon Secours Hosp. 2200 W. Fayette St.

24A. BURIAL CREMATION, REMOVAL (Specify) Burial

24B. DATE July 13, 1970

24C. NAME of CEMETERY or CREMATORY All Saints Cemetery

24D. LOCATION (City, town, or county) (State) Reisterstown, Md.

25A. DATE REC'D BY HEALTH DEPT. JUL 14 1970

25B. NAME OF REGISTRAR Robert E. Lackey, M.D.

25C. FUNERAL DIRECTOR Richard Funeral Chapel Owings Mills

ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. N-460 70 7029

REG. NO. 70 7029

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): NAYLOR, ALBERT L.

2. DATE AND HOUR OF DEATH: 7/9/70 930 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Univ of Md Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN: Catonsville
D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: Spring Grove State Hosp

5300

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 10/13/82
9. AGE (In years last birthday): 87
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Golf Course
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Levi T. Naylor
14. MOTHER'S MAIDEN NAME: Elizabeth Ann Curtis

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-18-4602
17. INFORMANT: Irene E. Troyer
ADDRESS: 117 Tolgate Rd. Owings Mills, Md.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 553.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A)	IMMEDIATE CAUSE: Peritonitis + Dehydration	hrs
(B)	DUE TO, OR AS A CONSEQUENCE OF: Perforated Viscus	hr
(C)	DUE TO, OR AS A CONSEQUENCE OF: Strangulated hernia	? days

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If In Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/9 1970 to 7/9 1970, that (I) (we) last saw the deceased alive on 7/9 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: L. F. Hartman M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7/9/70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 12, 1970
24C. NAME of CEMETERY or CREMATORY: Mt. Zion Ch. Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: H. J. Eckhardt
ADDRESS: Owings Mills, Md

VS 150-REV. 1/1/68

117 Tolgate Rd.
Owings Mills, Md.
(Address as listed in newspapers)

B-400 70 7030

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7030

1. NAME OF DECEASED (Type or Print): Lula Etta Bayly

2. DATE AND HOUR OF DEATH: July 10, 1970 9:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD: Keswick Home fpr Incurables

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

91

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 1307

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 700 W. 41st. St.

5. SEX: Female

6. RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: June 9, 1887

9. AGE (In years last birthday): 83

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Moon

14. MOTHER'S MAIDEN NAME: Laura Hartlove

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-03-8752

17. INFORMANT: Records: Keswick 700 W. 40th St. 21211 ADDRESS

CAUSE OF DEATH

MEDICAL CERTIFICATION

1B. 250.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardiovascular Heart Disease

DUE TO, OR AS A CONSEQUENCE OF:

(B) Cerebral arteriosclerosis

DUE TO, OR AS A CONSEQUENCE OF:

(C) Diabetes Mellitus

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-25 1966 to 7-10 1970, that (I) (we) last saw the deceased alive on 7-9 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E. Hunter Wilson Jr MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 7-11-70

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7 14 70

24C. NAME of CEMETERY or CREMATORY: Cedar Hill

24D. LOCATION (City, town, or county) (State): Brooklyn, A.A. Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970

25B. NAME OF REGISTRAR: Robert E. Talley M.D.

25C. FUNERAL DIRECTOR: Mc Cully

ADDRESS: 130 E. Fort Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-200 70 7031

REG. NO. 70 7031

1. NAME OF DECEASED (Type or Print): HAAS, George

2. DATE AND HOUR OF DEATH: 7-9-70 @ 10 30 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bolton Hill Nsg. + Convalescent Center 1400 John St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 2636

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 5515 O'Donnell St. 2224

5. SEX: Male

6. RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 3-26-86

9. AGE (In years last birthday): 84

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: Brewery

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Haas

14. MOTHER'S MAIDEN NAME: Louise

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 212-10-5727

17. INFORMANT: Admission Record - Bolton Hill

ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: arteriosclerotic CV disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years

DUE TO, OR AS A CONSEQUENCE OF:

(B) arteriosclerosis gen — years

DUE TO, OR AS A CONSEQUENCE OF:

(C) bilateral cataracts — years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/29 1970 to 7/9 1970, that (I) (we) last saw the deceased alive on 7/9 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A. Murphy DEGREE

Attending Phys. ☐ Med. Director ☑ Staff Phys. ☐

23B. DATE SIGNED: 7/11/70

23C. PHYSICIAN'S NAME (Type): ALLAN H. MACHT MD DEGREE

23D. ADDRESS: 2 E Read St Balto Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-13-70

24C. NAME of CEMETERY or CREMATORY: Mt. Carmel

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970

25B. NAME OF REGISTRAR: Robert E. Talbert M.D.

25C. FUNERAL DIRECTOR: Hoffman Funeral Home

ADDRESS: 3218 Hudson St.

VS 150-REV. 1/1/6B

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

J-162

BIRTH NO. 70 7032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7032

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): JEFFERSON, Milton Harry

2. DATE AND HOUR OF DEATH: 11 JULY 1970 — 7:20PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): VETERANS ADMINISTRATION HOSPITAL, 3900 LOCH RAVEN BOULEVARD, BALTIMORE, MARYLAND 21218
23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE CITY 2841
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: ~~4000 PELHAM AVENUE~~ 3710 Woodbine Ave

5. SEX: MALE
6. RACE: CAUCASION
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 4-16-08
9. AGE (In years last birthday): 62
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAINTER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: MILTON JEFFERSON
14. MOTHER'S MAIDEN NAME: ROSALIE MC CABE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES
(If yes, give war or dates of service): 2-20-45 TO 1-8-46
16. SOCIAL SECURITY NO.: 212-01-57-02
17. INFORMANT: VA HOSPITAL RECORDS — ADDRESS: William Jefferson, 3900 LOCH RAVEN BLVD, BALTO, MD 21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic carcinoma to lungs
DUE TO, OR AS A CONSEQUENCE OF:
(B) [illegible]
DUE TO, OR AS A CONSEQUENCE OF:
(C) [illegible]

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
Tuberculosis, active
Meningitis probable tubercular

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6 JULY 1970 to 11 JULY 1970 that (I) (we) last saw the deceased alive on 11 JULY 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Charles I. Weiner, M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7/13/70
23C. PHYSICIAN'S NAME (Type): CHARLES I WEINER, M.D. DEGREE
23D. ADDRESS: 3900 LOCH RAVEN B LVD, BALTIMORE, MARYLAND 21218

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-15-70
24C. NAME of CEMETERY or CREMATORY: Western Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: Armacost Funeral Chapel — ADDRESS: 4600 Liberty Hts

VS 150-REV. 1/1/68

F-524 70 7033

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 7033

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Harry Fenzel

2. DATE AND HOUR OF DEATH: July, 10 1970 | 1:38 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore city 5300
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? XXXX NO XX
E. STREET AND NUMBER: 3820 Cedar Dr. 21207

5. SEX: Male 6. RACE: White 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1-20-96 9. AGE (In years last birthday): 74 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Clerk - Western Md.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Henry Fenzel
14. MOTHER'S MAIDEN NAME: Kreigenhofer
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes WWI (If yes, give war or dates of service): Navy
16. SOCIAL SECURITY NO.: 705-10-5097
17. INFORMANT: Louise J. Fenzel ADDRESS: 3820 Cedar Drive 21207

MEDICAL CERTIFICATION

18. 410.9 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Myocardial infarction — 10 min.
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): None

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? no

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): no
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 19 66 to 7/10 19 70 that (I) (we) last saw the deceased alive on 5/3 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M Ellin DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/13/70
23C. PHYSICIAN'S NAME (Type): Morton J. Ellin, M.D. DEGREE
23D. ADDRESS: 8629 Liberty Road, Randallstown, Maryland 21133

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-14-70
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970
25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D.
25C. FUNERAL DIRECTOR: Armacost Funeral Chapel ADDRESS: 4600 Liberty Hts

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. G-651 70 7034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 70 7034

1. NAME OF DECEASED (Type or Print): GRUMBINE, FRANK STERLING

2. DATE AND HOUR OF DEATH: JULY 10, 1970 | 12:30PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST. AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: BALTIMORE 5300

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 219 MONTROSE AVENUE

5. SEX: MALE 6. RACE: WHITE 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 12-20-93 9. AGE (In years last birthday): 76 If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER 10B. KIND OF BUSINESS OR INDUSTRY: OWN FARM

11. BIRTHPLACE (State or foreign country): MARYLAND 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANK SCOTT GRUMBINE 14. MOTHER'S MAIDEN NAME: HATTIE FRISS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES (If yes, give war or dates of service): W.W. 1 16. SOCIAL SECURITY NO.: 220-44-4946

17. INFORMANT: ST. AGNES HOSPITAL RECORDS ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 199.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: DEHYDRATION

DUE TO, OR AS A CONSEQUENCE OF:

(B) METASTATIC NEOPLASM

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JUNE 28 19 70 to JULY 10 19 70 that (I) (we) last saw the deceased alive on JULY 10 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Paulo Westphalen DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 7/10/70

23C. PHYSICIAN'S NAME (Type): PAULO WESTPHALEN, M.D. DEGREE

23D. ADDRESS: ST. AGNES HOSPITAL, CATON & WILKENS AVES., BALTO. MD. 21229

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL 24B. DATE: 7/13/70 24C. NAME of CEMETERY or CREMATORY: KRIDERS 24D. LOCATION (City, town, or county) (State): WESTMINSTER MD

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970 25B. NAME OF REGISTRAR: Robert E. Faber, M.D. 25C. FUNERAL DIRECTOR: [illegible] ADDRESS: LIBERTYTOWN MD

VS 150-REV. 1/1/68

1

138 54 70 F
OTTO, OSCAR
8 09

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. O-300 70 7035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7035

1. NAME OF DECEASED (Type or Print): OSCAR OTTO

2. DATE AND HOUR OF DEATH: 7-8-70 1:35 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL
33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: TALBOT 7000
C. CITY OR TOWN: BOZMAN D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER:

5. SEX: M 6. RACE: W 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 01-08-09 9. AGE (In years last birthday): 61 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Dairy
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORGE OTTO
14. MOTHER'S MAIDEN NAME: SARA TAFFELL

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 168-05-6434
17. INFORMANT: Virginia S. Otto, Bozman, Maryland ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute renal failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 12 days
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-7 1970 to 7-8 1970 that (I) (we) last saw the deceased alive on 7-8 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. DeWayne Andrews MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7-8-70
23C. PHYSICIAN'S NAME (Type): M. DEWAYNE ANDREWS MD DEGREE
23D. ADDRESS: Johns Hopkins Hosp. Dept. Medicine

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 7/13/1970
24C. NAME of CEMETERY or CREMATORY: Ft. Lincoln Cemetery
24D. LOCATION (City, town, or county) (State): Washington, D. C.

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Hamilton E. Leonard, St. Michaels, Md. ADDRESS:

VS 150-REV. 1/1/68

BIRTH NO. P-452 70 7036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 7036

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): MR. JAMES C. PEELING.

2. DATE AND HOUR OF DEATH: 7/13/70 4:10 a.m. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 34 Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 5300
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 2000 Park Place

5. SEX: male 6. RACE: White 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 09/26/03 9. AGE (In years last birthday): 66 years If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Warehouse Manager
11. BIRTHPLACE (State or foreign country): York, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles D. Peeling
14. MOTHER'S MAIDEN NAME: Annie Coneron

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: 212-01-4885
17. INFORMANT: Mrs. Ruth Peeling ADDRESS: 2000 Park Place 21207

MEDICAL CERTIFICATION

18. 4-10-91

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ventricular fibrillation
DUE TO, OR AS A CONSEQUENCE OF:
(B) Acute myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). –

19A. DATE OF OPERATION: –
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: –
20A. AUTOPSY? (Yes or No): –
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? –

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): –
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): –
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): –
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? –

22. I certify that (I) (this hospital) attended the deceased from 7/13 1970 to 7/13 1970 that (I) (we) last saw the deceased alive on 7/13 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Kusuma K. Pruksapong M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7/13/70
23C. PHYSICIAN'S NAME (Type): DR. KUSUMA K. PRUKSAPONG MD. DEGREE
23D. ADDRESS: Bon Secours Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-16-70
24C. NAME of CEMETERY or CREMATORY: Woodlawn
24D. LOCATION (City, town, or county) (State): Woodlawn, Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: John T. Stansbury ADDRESS: 6411 Windsor Mill Rd. Windsor Mill, Md. 21244

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. F-220 70 7037 REG. NO. 70 7037

1. NAME OF DECEASED (Type or Print): BABY GIRL FICKES

2. DATE AND HOUR OF DEATH: 7/10/70 7:30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: JOHNS HOPKINS HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: PENNSYLVANIA B. COUNTY: YORK CO. V-35
C. CITY OR TOWN: DOVER D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: RD1 BOX 401

5. SEX: F 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 6/29/70 9. AGE (In years last birthday): If Under 1 Yr. Months / Days: 11 / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): newborn
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Donald R. FICKES
14. MOTHER'S MAIDEN NAME: JACQUELINE L. RUTLEDGE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: DONALD R. FICKES ADDRESS: DOVER RD #1 PA. 17315

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CNS failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 48 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(B) asphyxia & multiple arrests, infections
DUE TO, OR AS A CONSEQUENCE OF:
(C) multiple anomalies

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 6/30x2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: TE fistula
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? no

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): no
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): no
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): no
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): no
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☒
21F. HOW DID INJURY OCCUR? no

22. I certify that (I) (this hospital) attended the deceased from 6/29 19 70 to 7/10 19 70 that (I) (we) last saw the deceased alive on 7/10 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Kenneth B. Roberts MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7/10/70
23C. PHYSICIAN'S NAME (Type): KENNETH B. ROBERTS M.D. DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL ~~CREMATION~~, ~~REMOVAL~~ (Specify)
24B. DATE: 7/13/70
24C. NAME of CEMETERY or CREMATORY: BETHANY CEM
24D. LOCATION (City, town, or county) (State): DOVER RD 4 YORK CO. PA.

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Scott B. Emig ADDRESS: N. QUEEN ST. DOVER PA. 17315

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

K-500 70 7038

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7038

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Gertrude Kohwe

2. DATE AND HOUR OF DEATH: 9 July 70 | 8:55 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital of Baltimore
42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 2730
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 3020 Fallstaff Manor Court

5. SEX: Female 6. RACE: WHITE 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 5/13/97 9. AGE (In years last birthday): 73 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: HERSCHEL SIEGEL
14. MOTHER'S MAIDEN NAME: TILLIE ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS. BERNICE LEVINSOHN, 3022 FALLSTAFF MANOR CT ADDRESS APT. D

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 days.
DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from 6 July 1970 to 9 July 1970 that I (we) last saw the deceased alive on 9 July 1970 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) not view the body after death.

23A. SIGNATURE: Morris Ostroff MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9 July 70
23C. PHYSICIAN'S NAME (Type): MORRIS OSTROFF, MD DEGREE
23D. ADDRESS: Sinai Hospital of Balt.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-12-70
24C. NAME of CEMETERY or CREMATORY: BNAI ISRAEL
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970
25B. NAME OF REGISTRAR: Robert E. Jaeger, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 7039

BIRTH NO. B-450 70 7039

1. NAME OF DECEASED (Type or Print): HARRY Bloom

2. DATE AND HOUR OF DEATH: 7/11/70 945 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Levindale Hebrew Home and Infirmary 90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: Balto. 5300
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: Levindale - Greenspring & W. Belvedere

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: [redacted]
9. AGE (In years last birthday): 76
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ticket Taker
10B. KIND OF BUSINESS OR INDUSTRY: Theater
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Morris Bloom
14. MOTHER'S MAIDEN NAME: Lena

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-28-6483
17. INFORMANT: Mrs Isabel Maloff
ADDRESS: 809 Woodglen Ct.

MEDICAL CERTIFICATION

18. 599.0 / 4-250.9

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gram ⊖ Sepsis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
DUE TO, OR AS A CONSEQUENCE OF:

(B) Urinary tract infection — 2 weeks
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Diabetes Mellitus

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/13 1967 to 7/11 1970, that (I) (we) last saw the deceased alive on 7/11 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E S Caplan MD
DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7/11/70
23C. PHYSICIAN'S NAME (Type): E. S. CAPLAN
DEGREE
23D. ADDRESS: Sinai

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 12/70
24C. NAME of CEMETERY or CREMATORY: Beth Hamedrash Hagadol
24D. LOCATION (City, town, or county) (State): Rosedale, Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970
25B. NAME OF REGISTRAR: Robert E. Yankey M.D.
25C. FUNERAL DIRECTOR: Sol Levinson - Bur
ADDRESS: 6010 Reist Road

VS 150-REV. 1/1/68

809 Woodgate ct.
(Address as listed in newspapers)

BIRTH NO. H-632 70 7040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7040

CERTIFICATE AMENDED

1. NAME OF DECEASED (Type or Print): JAMES J. (JESSE) ~~XXXXXXXXX~~ HURWITZ

2. DATE AND HOUR OF DEATH: ~~7/12/70~~ 7-12-1970 500 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (GIVE NAME OF HOSPITAL OR INSTITUTION; IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL OF BALTIMORE, INC 7-23-70 42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: ~ 2720
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3901 BARTWOOD ROAD, #15

5. SEX: MALE
6. RACE: ~~BLACK~~ CAUCASIAN WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 12/13/99
9. AGE (In years last birthday): 70
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~XXXXXXXX~~ REAL ESTATE
10B. KIND OF BUSINESS OR INDUSTRY: BROKER
11. BIRTHPLACE (State or foreign country): BALTIMORE
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ISAAC HURWITZ
14. MOTHER'S MAIDEN NAME: ANNIE CHESSLER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES
(If yes, give war or dates of service): W.W. I NAVY
16. SOCIAL SECURITY NO.: 219-10-0102
17. INFORMANT: MRS. BETTY ZLOTOWITZ, 3901 BARTWOOD RD. #21215
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: SEPTICEMIA
DUE TO, OR AS A CONSEQUENCE OF:
(B) PNEUMONIA
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from ____ 19__ to 7/12 1970 that ~~I~~ (we) last saw the deceased alive on 7/12 1970 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~I~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Vichai Atichartakarn, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7/12/70
23C. PHYSICIAN'S NAME (Type): VICHAI ATICHARTAKARN, M.D. DEGREE
23D. ADDRESS: SINAI HOSPITAL OF BALTIMORE, INC

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-13-70
24C. NAME of CEMETERY or CREMATORY: BNAI ISRAEL
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970
25B. NAME OF REGISTRAR: Robert E. Tarbey, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.
ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Letter from Sinai Hospital
7-23-70 M.H.

C-145 70 7041 Caplan, Isadore

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7041

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ISADORE CAPLAN

2. DATE AND HOUR OF DEATH: 7/11/70 2 35 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai Hospital of Baltimore inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: ~~[illegible]~~ 5300
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2905 MARNAT Rd. 21209

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9-5-17
9. AGE (In years last birthday): 52
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): VICE PRESIDENT
10B. KIND OF BUSINESS OR INDUSTRY: GLEN EAGLE Inc.
11. BIRTHPLACE (State or foreign country): BALTIMORE MD.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: SAMUEL CAPLAN
14. MOTHER'S MAIDEN NAME: ROSE ROSINSKY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES ×
(If yes, give war or dates of service): W.W. II NAVY
16. SOCIAL SECURITY NO.: 212-03-5630
17. INFORMANT: MRS. MARY CAPLAN, 3905 MARNAT ROAD, #21209
ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

1B. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: C.H.F. & pulmonary edema — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 30 h. Roughly

DUE TO, OR AS A CONSEQUENCE OF:

(B) Hodgkin's disease + G-I Bleeding

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6 · 11 · 19 70 to 7 · 11 · 19 70, that (I) (we) last saw the deceased alive on 3 15 pm 7 · 11 · 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: M. Bahadori DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7 · 11 · 70
23C. PHYSICIAN'S NAME (Type): M. BAHADORI DEGREE
23D. ADDRESS: SINAI HOSP.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-12-70
24C. NAME of CEMETERY or CREMATORY: MIKRO KODESH-BETH ISRAEL
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970
25B. NAME OF REGISTRAR: Jakob E. Jaffe, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD
ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-630 70 7042

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7042

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Louise (Louisa) Seward

2. DATE AND HOUR OF DEATH: 12 Jul 70 | 0540 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2201
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 214 Warren Avenue

5. SEX: F
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 15 Dec 1883
9. AGE (In years last birthday): 87
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Kitchen Help
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Rohbock
14. MOTHER'S MAIDEN NAME: Unknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
If yes, give war or dates of service: —
16. SOCIAL SECURITY NO.: 220-09-8888
17. INFORMANT: Lula Trochimowicz ADDRESS: 214 Warren Avenue

MEDICAL CERTIFICATION

18. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Bronchopneumonia — minutes
DUE TO, OR AS A CONSEQUENCE OF:
(B) ASCVD — minutes
DUE TO, OR AS A CONSEQUENCE OF:
(C) Senility — 1 week

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Fx hip

412.94 E884X

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) [ ]
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 214 Warren Ave
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 7-7-70
21E. INJURY OCCURRED While At Work [ ] Not While At Work [X]
21F. HOW DID INJURY OCCUR? Slipped on floor

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____ that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: T. Power DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12 Jul 70
23C. PHYSICIAN'S NAME (Type): Thomas H. Powell M.D. DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/15/70
24C. NAME of CEMETERY or CREMATORY: Meadowridge Cemetery
24D. LOCATION (City, town, or county) (State): Howard County, Maryland

25A. DATE RECEIVED BY HEALTH DEPT.: JUL 14 1970
25B. NAME OF REGISTRAR: John E. Jaeger M.D.
25C. FUNERAL DIRECTOR: Charles L. Stevens Funeral Home, Inc. ADDRESS: 1501 E. Fort Avenue

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-400 70 7043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. [redacted] 70 7043

1. NAME OF DECEASED (Type or Print) BALL ROSE E.

2. DATE AND HOUR OF DEATH 7/12/70 7·25 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hosp. of Maryland 46

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 1606
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 730 ASHBURTON St.

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 1·12·76
9. AGE (In years last birthday): 94
If Under 1 Yr. Months: – Days: – If Under 24 Hrs. Hours: – Min.: –
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Milton Reed
14. MOTHER'S MAIDEN NAME: Suzanna White
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
If yes, give war or dates of service:
16. SOCIAL SECURITY NO.: Nil –
17. INFORMANT: Edith Smith daughter
ADDRESS: 5512 Hutton Ave.

MEDICAL CERTIFICATION

18. 4124 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pneumonia, Heart failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 13 days

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) A.S.C.V.D.

DUE TO, OR AS A CONSEQUENCE OF:

(C) Vomiting, Dehydration.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

~~Atrial~~

19A. DATE OF OPERATION: –
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: –
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): – Nil –
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): –
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? –

22. I certify that (I) (this hospital) attended the deceased from 6/29/70 19 to 7/12/70 19 that (I) (we) last saw the deceased alive on 7/12 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Sakuba MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7/12/70.
23C. PHYSICIAN'S NAME (Type): CHRYSOLOGUE SAKUBA. DEGREE
23D. ADDRESS: Lutheran Hosp. of Maryland 730, Ashburton St.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/15/70
24C. NAME of CEMETERY or CREMATORY: Lorraine Park
24D. LOCATION (City, town, or county) (State): Woodlawn Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: John T. Stansbury
ADDRESS: 6411 Windsor Mill Rd.

VS 150-REV. 1/1/68

M-216 70 7044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7044

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ISIDOR K. MAKOVER

2. DATE AND HOUR OF DEATH: JULY 10, 1970 | 11:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 7111 PARK HEIGHTS AVENUE, APT. 305

00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 2730

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 7111 PARK HEIGHTS AVENUE, APT. 305

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 11-25-1897

9. AGE (In years last birthday): 72

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): THEATER

10B. KIND OF BUSINESS OR INDUSTRY: EXECUTIVE

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: BERNARD MAKOVER

14. MOTHER'S MAIDEN NAME: ROSE SWORZYN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 159-03-1484

17. INFORMANT: MRS. LENA R. MAKOVER, ADDRESS: PARK TOWERS EAST, APT. 305, 7111 PARK HEIGHTS AVE.

MEDICAL CERTIFICATION

1B. 1729 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: MALIGNANT MELANOMA

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 YEARS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from April 1 1970 to July 10 1970, that (I) (~~we~~) last saw the deceased alive on July 10 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Albert J. Himelfarb M.D. DEGREE

Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: July 14, 1970.

23C. PHYSICIAN'S NAME (Type): ALBERT J. HIMELFARB DEGREE

23D. ADDRESS: 222 W. Cold Spring Lane - Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 7-12-70

24C. NAME of CEMETERY or CREMATORY: HEBREW FRIENDSHIP

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

D-260 70 7045 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 70-7045

1. NAME OF DECEASED (Type or Print): Miriam Decker

2. DATE OF DEATH: Known ☐ Estimated ☐ Month 7 Day 12 Year 70 Hour 10:25 P.M.

3. DATE PRONOUNCED DEAD: Month 7 Day 12 Year 70 Hour 10:25 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 St. Agnes Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Md. B. COUNTY: Balto. 5300

6. SEX: female

7. RACE: White

8. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES ☑ NO ☐

9. DATE OF BIRTH: Nov. 1, 1958

10. AGE (In years last birthday): 11 — If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 5622 Main Street

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Jack Grove Decker

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Carolyn Marcella Gilbert

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): —

17. SOCIAL SECURITY NO.: None

18. INFORMANT: Jack Decker ADDRESS: 2309 Washington Blvd.

MEDICAL CERTIFICATION

19. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) E910.0

CAUSE OF DEATH: Drowning

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: —

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Quarry

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): End of Halethorpe Farm Rd. (Quarry 5300

22D. TIME OF INJURY (APPROX.): (Month) 7 (Day) 12 (Year) 70 (Hour) 7:10 m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Sub. was taken to quarry to swim but could not swim and went under water.

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒

DATE SIGNED: 7/13/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/16/1970

24C. NAME of CEMETERY or CREMATORY: Bel Air Mem. Gardens Inc.

24D. LOCATION (City, town, or county) (State): Bel Air Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: George L. Schwab Inc. ADDRESS: 2101 Fred. Ave. Balto. Md.

VS 151-REV. 1/1/68

N 994.1

1

D-260 70 7046

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70 7046

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): Dorothy Virginia Decker (Decker)

2. DATE OF DEATH: Known [X] Estimated [ ] Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 7 Day 14 Year 70 Hour 4:00 a. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 St. Agnes Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2553
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [ ] NO [ ]
E. STREET AND NUMBER: 2309 Washington Blvd.

6. SEX: female
7. RACE: white
8. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: March 28, 1957
10. AGE (In years last birthday): 13 (If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.)

11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Jack Grove Decker

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
14B. KIND OF BUSINESS OR INDUSTRY: —
15. MOTHER'S MAIDEN NAME: Carolyn Marcella Gilbert

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: None
18. INFORMANT: Jack Decker ADDRESS: 2309 Washington Blvd. Balto, Md.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E910.0

(A) IMMEDIATE CAUSE: Drowning
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): water
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): end of Halethorpe Farm Rd. 5300

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 7 12 70 7:10 pm.
22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
22F. HOW DID INJURY OCCUR? drowned while swimming

23. I certify that I held on Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [X] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: [signature] M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 7/14/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/16/1970
24C. NAME of CEMETERY or CREMATORY: Bel Air Mem. Gardens
24D. LOCATION (City, town, or county) (State): Bel Air Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: George L. Schwab Inc. ADDRESS: 2101 Fred. Ave Balto, Md.

VS 151-REV. 7/1/68

N 77 F.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-620 70 7047 Registered No. 70 7047

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print): LULA MAE HARRIS

2. DATE AND HOUR OF DEATH: JULY 12, 1970 M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 00 2060 KENNEDY AVE.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 908

C. CITY OR TOWN (If outside city limits, write RURAL and give township): BALTIMORE

D. STREET ADDRESS (If rural, give location): 2060 KENNEDY AVE.

5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
FEMALE	NEGRO	MARRIED	12-17-29	40		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: LESTER CARTER

14. MOTHER'S MAIDEN NAME: WINNIE FOWLKES

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: ROOSEVELT HARRIS ADDRESS: 2060 KENNEDY AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 431.0

(A) massive cerebral Hemorrhage — Instant

DUE TO

(B) Hypertension — 3 months

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 4-22- 1970 to 7-12- 1970, that (I) (~~we~~) last saw the deceased alive on 4-22- 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (~~did not~~) Did Not view the body after death.

23A. SIGNATURE: Eugene H. Owens M.D. Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 7-13-70

23C. PHYSICIAN'S NAME (Type): Eugene H. Owens M.D.

23D. ADDRESS: 1735 E. Federal st

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	7-16/70	BALTO NATIONAL CEMETERY	BALTO., MD.

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: WM C MARCH ADDRESS: 928 E. NOTTH AVE.

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7048

BIRTH NO. C-260 70 7048

1. NAME OF DECEASED (Type or Print): Emma C. Cousar

2. DATE AND HOUR OF DEATH: July 13 1970 | 10 40 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mt. Sinai Nursing Home 4613 Park Heights Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: 1509

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 4013 Fairfax Road

5. SEX: F 6. RACE: Black 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7-28-16 9. AGE (In years last birthday): 54 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Waters

14. MOTHER'S MAIDEN NAME: Mary C. Blake

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-03-8534A

17. INFORMANT: Henry W Cousar ADDRESS: 4013 Fairfax Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cerebrovascular Dis

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD

DUE TO, OR AS A CONSEQUENCE OF:

(C) Diabetes Mellitus

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6/24/70

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: White At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/11 1970 to 7/13 1970, that (I) (we) last saw the deceased alive on 7/13 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Edward A. Kallins MD DEGREE Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 7/13/70

23C. PHYSICIAN'S NAME (Type): E.S. Kallins MD DEGREE

23D. ADDRESS: 6000 Park Heights Av

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/17/70

24C. NAME of CEMETERY or CREMATORY: Balto. National Cem

24D. LOCATION (City, town, or county) (State): Balto MD.

25A. DATE REC'D BY HEALTH DEPT.: JUL 14 1970

25B. NAME OF REGISTRAR: Robert E. Jackson

25C. FUNERAL DIRECTOR: Wm. C. March ADDRESS: 928 E. North Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7049

BIRTH NO. H-200 70-11921

1. NAME OF DECEASED (Type or Print): Hoch, baby boy

2. DATE AND HOUR OF DEATH: 7/8/70 4:20 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD B. COUNTY: Baltimore 5300
C. CITY OR TOWN
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2356 Ryerson Circle 21237

5. SEX: M
6. RACE: W
7. MARITAL STATUS: MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7/7/70
9. AGE (In years last birthday): 1 day
If Under 1 Yr. Months: 7 Days: 7 Hours: Min.: 1 day

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): no
10B. KIND OF BUSINESS OR INDUSTRY: no
11. BIRTHPLACE (State or foreign country): MD
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Hoch
14. MOTHER'S MAIDEN NAME: Barbara Butler

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Chart
ADDRESS

MEDICAL CERTIFICATION

18. 776.22 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Neonatal respiratory distress syndrome — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 20 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/8 1970 to 7/8 1970, that (I) (we) last saw the deceased alive on 7/8 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Sang J. Rhim, MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7/8/70
23C. PHYSICIAN'S NAME (Type): SANG YOON RHIM DEGREE
23D. ADDRESS: [illegible] Hospital

24A. BURIAL CREMATION, REMOVAL (Specify)
24B. DATE: 7-14-70
24C. NAME of CEMETERY or CREMATORY
24D. LOCATION (City, town, or county) (State)

ANATOMY BOARD OF MARYLAND
JOHNS HOPKINS MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR
ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

J-5251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7050 REG. NO. 70 7050

1. NAME OF DECEASED (Type or Print): Patricia A. Johnson — Johnson Patricia

2. DATE AND HOUR OF DEATH: July 10, 1970 1:43 am M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals 21224
4940 EASTERN AVENUE, BALTIMORE, MARYLAND

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1-02
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 6055 S. Decker Ave.

5. SEX: Female
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: March 18, 1955
9. AGE (In years last birthday): 15 yrs
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Johnson, Robert
14. MOTHER'S MAIDEN NAME: Peggs, Virginia
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Records: BCH: 4940 Eastern Avenue 21224 ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
17.9		
(A) IMMEDIATE CAUSE	resp. arrest	immediate
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	synovial sarcoma c	3 mos.
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	met. to lung	

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 02/13/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Exp. lap for synovial sarcoma
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 4/13 19 70 to 7/10 19 70 that (I) (we) last saw the deceased alive on 7/9 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: W. L. McGavran III DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7/10/70
23C. PHYSICIAN'S NAME (Type): W. L. McGavran, 3rd. W. L. McGAVRAN III DEGREE
23D. ADDRESS: BCH Baltimore, Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/13/70
24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: John J. Duda, 2829 Hudson St. ADDRESS Balto. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7051 REG. NO. 70 7051

1. NAME OF DECEASED (Type or Print) Henry F. Conley HENRY - CONLEY

2. DATE AND HOUR OF DEATH 7-11-70 11 30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

KEY CIRCLE HOSPICE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MD B. COUNTY 1-02

C. CITY OR TOWN Balto D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER 634 South Decker, Ave

5. SEX Male 6. RACE White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH 2-20-86 9. AGE (In years last birthday) 84 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10B. KIND OF BUSINESS OR INDUSTRY Arnold Corp.

11. BIRTHPLACE (State or foreign country) VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JAMES Conley

14. MOTHER'S MAIDEN NAME Emily ROWE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-03-3638

17. INFORMANT (Daughter) VELVA ASHTON ADDRESS Dundalk, Md. 21222 2808 CRESTON Rd.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 4409 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE CHF — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 7 d

DUE TO, OR AS A CONSEQUENCE OF:

(B) Endarteritis Obliterans. — several mos.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) No

20B. (IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6 May 19 70 to 11 July 19 70 that (I) (we) last saw the deceased alive on 11 July 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE J Hulla M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED 11 July 70

23C. PHYSICIAN'S NAME (Type) J. Hulla M.D. DEGREE

23D. ADDRESS 2214 E Fayette St 21231

24A. BURIAL CREMATION, REMOVAL (Specify) Burial & Rem.

24B. DATE 7-14-70

24C. NAME of CEMETERY or CREMATORY Betheny Cemetery

24D. LOCATION (City, town, or county) (State) Rainswood, Northumberland Va.

25A. DATE REC'D BY HEALTH DEPT. JUL 15 1970

25B. NAME OF REGISTRAR Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR John J. Duda ADDRESS 7922 Wise, Ave Baltimore

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M 252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7052 X REG. NO. 70 7052

1. NAME OF DECEASED (Type or Print): LAURENE A. MCNICHOLAS

2. DATE AND HOUR OF DEATH: 7/10/70 2:55 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: BALTIMORE 5300

C. CITY OR TOWN: Dundalk BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 2517 LIBERTY PARKWAY 21222

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 11-18-59 9. AGE (In years last birthday): 10 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: RICHARD MCNICHOLAS

14. MOTHER'S MAIDEN NAME: ELEANOR Janiszewski

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: (Father) ADDRESS: 2517 Liberty Parkway Mr. Richard McNicholas, Dundalk, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: cystic fibrosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from 6/11/70 19 70 to 7/10 19 70 that ~~I~~ (we) last saw the deceased alive on 7/9 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Terry T Hatch MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ — 23B. DATE SIGNED: 7/10/70

23C. PHYSICIAN'S NAME (Type): Terry T. Hatch DEGREE 23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 7/13/70 24C. NAME of CEMETERY or CREMATORY: Holy Redeemer 24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970 25B. NAME OF REGISTRAR: Robert E. Faber, M.D. 25C. FUNERAL DIRECTOR: John J. Duda, ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

L-652 70 7053

BIRTH NO. 70-11927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7053

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): KARA SUZANNE LAWRENCE

2. DATE AND HOUR OF DEATH: July 11, 1970 3:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: Howard. 6300

C. CITY OR TOWN: Ellicott City

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 3614 Ligon Rd

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: July 11 1970

9. AGE (In years last birthday): If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 2 Min.: 40

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William B. Lawrence

14. MOTHER'S MAIDEN NAME: Martha Ann Mayfield

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Wm. B. Lawrence

ADDRESS: 3614 Ligon Rd Ellicott City, Md 21043.

MEDICAL CERTIFICATION

18. 746.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cong. cardiopulmonary anomaly

DUE TO, OR AS A CONSEQUENCE OF: Atelectasis of lungs

(B) DUE TO, OR AS A CONSEQUENCE OF: Renal dysgenesis

(C) Prematurity

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 11 1970 to July 11 1970 that (I) (we) last saw the deceased alive on July 11 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Marston A Young MD DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: July 11, 1970

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-13-70

24C. NAME of CEMETERY or CREMATORY: St Johns Cem.

24D. LOCATION (City, town, or county) (State): Ellicott City, Md 21043.

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Higinbotham-Slack

ADDRESS: Ellicott City, Md. 21043

VS 150-REV. 1/1/68

1

H-230 70 7054

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7054

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ann Hackett	2. DATE OF DEATH — Known ☐ Estimated ☐: Month 7, Day 6, Year 70, Hour 12:55 p.m.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION: 00 — (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1902 Deering Ave.	3. DATE PRONOUNCED DEAD: Month 7, Day 6, Year 70, Hour 12:55 p.m.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: 2582
6. SEX: female	7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☒ NO ☐
9. DATE OF BIRTH: ?	10. AGE (In years last birthday): 72 — If Under 1 Yr. If Under 24 Hrs. Months: Days: Hours: Min.:
	E. STREET AND NUMBER: 1902 Deering Ave.
11. BIRTHPLACE (State or foreign country): Liverpool England	12. CITIZEN OF WHAT COUNTRY? England
13. FATHER'S NAME: ? Hight	
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barmaid	14B. KIND OF BUSINESS OR INDUSTRY: Texas
15. MOTHER'S MAIDEN NAME: ?	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no — (If yes, give war or dates of service): none	17. SOCIAL SECURITY NO.: 454-18-7601
18. INFORMANT: Louise Hardesty	ADDRESS: 2618 Washington Blvd.

MEDICAL CERTIFICATION

CAUSE OF DEATH

19. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.): 412.4

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No): no
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒

DATE SIGNED: 7-6-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial	24B. DATE: 10-July 70	24C. NAME of CEMETERY or CREMATORY: Glen Haven Cemetery	24D. LOCATION (City, town, or county) (State): Rockville Highway AA Co
25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970	25B. NAME OF REGISTRAR: Robert E. Farley M.D.	25C. FUNERAL DIRECTOR: Krauss Funeral Home	ADDRESS: 1216 S Chase St 33

VS 151-REV. 1/1/68

BIRTH NO. B-164 70 110 7055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7055

1. NAME OF DECEASED (Type or Print): BEVERLY, BABY BOY

2. DATE AND HOUR OF DEATH: July 11, 1970 | 3:35A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Dorchester 5900

C. CITY OR TOWN: Taylors Island D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: Taylors Island 21169

5. SEX: Male 6. RACE: Negro 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7/10/70 9. AGE (In years last birthday) | If Under 1 Yr. Months: Days | If Under 24 Hrs. Hours: 8 Min.: 35

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME: Deborah Beverly

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. 7769 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ANOXIA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 08 hrs.

DUE TO, OR AS A CONSEQUENCE OF:

(B) RESPIRATORY FAILURE

DUE TO, OR AS A CONSEQUENCE OF:

(C) PREMATURITY

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) YES 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner) 21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from July 10 1970 to July 11 1970 that (I) (~~we~~) last saw the deceased alive on July 11 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Alan Fields DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ 23B. DATE SIGNED: July 11, 1970

23C. PHYSICIAN'S NAME (Type): Alan Fields, M.D. DEGREE 23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation 24B. DATE: 7/13/70 24C. NAME of CEMETERY or CREMATORY: Johns Hopkins Hospital 24D. LOCATION (City, town, or county) (State): 601 N Broadway Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970 Robert E. Faber, M.D. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS: HOSPITAL DISPOSAL

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. L-163 70 7057

REG. NO. 70 7057

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): Alfred P. Laubert

2. DATE AND HOUR OF DEATH: July 10, 1970 8:25 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2403 Herkimer St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 2553

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [x] NO [ ]

E. STREET AND NUMBER: 2403 Herkimer Street

5. SEX: Male 6. RACE: White 7. MARRIED [x] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 8 June 1913 9. AGE (In years last birthday): 57 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor

10B. KIND OF BUSINESS OR INDUSTRY: Clothing

11. BIRTHPLACE (State or foreign country): Alberta, Canada

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Paul Laubert

14. MOTHER'S MAIDEN NAME: Susanna Skeberdis

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): WW 2

16. SOCIAL SECURITY NO.: 212-07-5934

17. INFORMANT: Mrs. Anna Zigas Laubert, same as 4 ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma right lung — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 years

DUE TO, OR AS A CONSEQUENCE OF: metastasis to brain, liver, knee

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Cirrhosis of liver — 7 years

19A. DATE OF OPERATION: May 1969

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: gastric hemorrhage

20A. AUTOPSY? (Yes or No): —

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 1/6 1957 to 7/10 1970, that (I) (~~we~~) last saw the deceased alive on 7/10 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: John P. Urlock Jr. MD DEGREE — Attending Phys. [x] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 13 July 1970

23C. PHYSICIAN'S NAME (Type): John P. Urlock, M. D. DEGREE

23D. ADDRESS: 1227 Washington Blvd., Baltimore 21230

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 14 July 70

24C. NAME of CEMETERY or CREMATORY: Glen Haven Memorial Park

24D. LOCATION (City, town, or county) (State): Glen Burnie, AA Co., Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970

25B. NAME OF REGISTRAR: Robert E. Farley, M.D.

25C. FUNERAL DIRECTOR ADDRESS: Kirkley Funeral Home, Glen Burnie, Md.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. T-520 70-12339 70 7056

REG. NO. X 70 7056

[redacted]

1. NAME OF DECEASED (Type or Print): Thomas, Baby boy ~~of Estelle~~

2. DATE AND HOUR OF DEATH: 7-10-70 3 45 a.m. p.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Charles 5800
C. CITY OR TOWN: Newbury D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: Route I Box 53

5. SEX: Male ~~Fe~~ 6. RACE: C 7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7/10/70 9. AGE (In years last birthday): If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.: 12

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Thomas

14. MOTHER'S MAIDEN NAME: Estelle Thomas S/A

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardio-resp. failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Anencephalic fetus
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-10 1970 to 7-10 1970 that (I) (we) last saw the deceased alive on 7-10 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 7-10-70

23C. PHYSICIAN'S NAME (Type): James L. Sackstedr DEGREE

23D. ADDRESS: J.H.H.

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation

24B. DATE: 7/13/70

24C. NAME of CEMETERY or CREMATORY: Johns Hopkins Hospital

24D. LOCATION (City, town, or county) (State): 601 N Broadway Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: HOSPITAL DISPOSAL

ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-630 70 7058

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7058

1. NAME OF DECEASED (Type or Print): GARRETT CLARENCE

2. DATE AND HOUR OF DEATH: 7-12-70 11:30 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): LUTHERAN HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 1503

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [✓] NO [ ]

E. STREET AND NUMBER: 2129 W. NORTH AVENUE

5. SEX: MALE 6. RACE: COLORED 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [✓] DIVORCED [ ]

8. DATE OF BIRTH: 3-22-13 9. AGE (In years last birthday): 57 yrs If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): VA. 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Nelson 14. MOTHER'S MAIDEN NAME: HESTER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardiorespiratory arrest

DUE TO, OR AS A CONSEQUENCE OF:

(B) Generalized Carcinomatosis with Obstructive Jaundice

DUE TO, OR AS A CONSEQUENCE OF:

(C) Cancer Pancreas.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 6-24-70 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: OBSTRUCTIVE JAUNDICE

20A. AUTOPSY? (Yes or No): Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 5-26 1970 to 7-12 1970 that (I) (we) last saw the deceased alive on 7-12-1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: K George Thomas DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓] 23B. DATE SIGNED: 7-12-70

23C. PHYSICIAN'S NAME (Type): K. GEORGE THOMAS DEGREE 23D. ADDRESS: LUTHERAN HOSPITAL OF MARYLAND

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 7-14-70 24C. NAME of CEMETERY or CREMATORY: Church Cemetery 24D. LOCATION (City, town, or county) (State): Halethorpe Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970 25B. NAME OF REGISTRAR: Yabes, M.D. 25C. FUNERAL DIRECTOR: Walter L. McGinnis ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

S-530

BIRTH NO. 70 7059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7059

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Smith, Julia

2. DATE AND HOUR OF DEATH: 7-11-70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 39 Provident Hospital, 1514 Divison Street, Baltimore, Maryland 21217

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 1538

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2303 Garrison Blva. Garrison Nursing Home

5. SEX: Female

6. RACE: Negro

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 6-13-93

9. AGE (In years last birthday): 77

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Arthur Veney

14. MOTHER'S MAIDEN NAME: Frances ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-03-0022

17. INFORMANT: Mr. James Smith- Husband ADDRESS: 915 Central Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARCINOMA of STOMACH & PANCREAS, & METASTASES — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO, OR AS A CONSEQUENCE OF: to Liver

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes ~~None~~

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-10-70 19 to 7-11-70 19 that (I) (we) last saw the deceased alive on 7-11-70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Elijah Saunders DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: July 13, 1970

23C. PHYSICIAN'S NAME (Type): ELIJAH SAUNDERS DEGREE

23D. ADDRESS: 1514 Divison Street Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-16-70

24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cem

24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970

25B. NAME OF REGISTRAR: Robert E. Tarbey M.D.

25C. FUNERAL DIRECTOR: C. Wilson or Brantley ADDRESS:

VS 150-REV. 1/1/68

1

W-425

W-422 70 7060

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 7060

1. NAME OF DECEASED (Type or Print): ROGER WILKENS / Wilkes

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year July 11, 1970 Hour 12:10 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST. AGNES HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1506

6. SEX: Male

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: Oct 12 -

10. AGE (In years last birthday): 20

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

E. STREET AND NUMBER: 1624 Braddisn Avenue

11. BIRTHPLACE (State or foreign country): Balto Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Willie L. Wilks

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Rosalie Weatall

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

17. SOCIAL SECURITY NO.:

18. INFORMANT: Rosalie Wilks ADDRESS: Same

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

304.9

(A) IMMEDIATE CAUSE: Intravenous Narcotism

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 7/11/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-15-70

24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cem

24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970

25B. NAME OF REGISTRAR: Robert E. Fetter, M.D.

25C. FUNERAL DIRECTOR: E. Wilson

ADDRESS: 1000 Brantley Ave

VS 151-REV. 1/1/68

Letter from M.E.'s office 7-27-70 M.H.

57-17-86 csk

BIRTH NO. L-000 70 7061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7061

1. NAME OF DECEASED (Type or Print): Charles Roy Law

2. DATE AND HOUR OF DEATH: 7/12/70 | 2:30 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3/Baltimore City Hospital 4940 Eastern Ave. Baltimore, Md 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 2843
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4805 Forest Park Ave 21207

5. SEX: Male
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 4/20/08
9. AGE (In years last birthday): 62
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Funeral director
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Law
14. MOTHER'S MAIDEN NAME: Virginia Scott

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 710-09-5765
17. INFORMANT: 4940 Eastern Ave. ADDRESS: BCH Records: Baltimore, Md. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

203X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardio respiratory arrest
DUE TO, OR AS A CONSEQUENCE OF: respiratory failure
(B) Sepsis
DUE TO, OR AS A CONSEQUENCE OF:
(C) multiple myeloma with plasma cell leukemia

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): asthma & chronic lung disease.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/6 19 70 to 7/12 19 70 that (I) (we) last saw the deceased alive on 7/12 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Loren G. Lipson, MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7/12/70
23C. PHYSICIAN'S NAME (Type): Loren G. Lipson, M.D. DEGREE
23D. ADDRESS: 4940 Eastern Ave, Baltimore, Md. Baltimore City Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-16-70
24C. NAME of CEMETERY or CREMATORY: Abbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970
25B. NAME OF REGISTRAR: Robert E. Talbey, M.D.
25C. FUNERAL DIRECTOR: Arlington S. Phillips
ADDRESS: 1727 N. Monroe St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-663 70 7062

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7062

1. NAME OF DECEASED (Type or Print): Evalyn V. Girard

2. DATE AND HOUR OF DEATH: July 12, 1970 3 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Long Green Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1202
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 206 Homewood Terrace

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 7-9-1890
9. AGE (In years last birthday): 80
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Frank Anderson
14. MOTHER'S MAIDEN NAME: Sarah Cox
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-52-8470
17. INFORMANT: Raeburne H. Girard ADDRESS: 206 Homewood Terr.

MEDICAL CERTIFICATION

18. 4128 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Coronary Sclerotic Heart Disease
(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF: —
(B)
DUE TO, OR AS A CONSEQUENCE OF: —
(C)
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7 3/4 years

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). —

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) —
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (~~this hospital~~) attended the deceased from May 6 1960 to July 12 1970 that (I) (~~we~~) last saw the deceased alive on July 12 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: W. Grafton Hersperger DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: July 13, 1970
23C. PHYSICIAN'S NAME (Type): W. G. Hershberger M. D. DEGREE
23D. ADDRESS: Medical Arts Bldg.

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 7-14-70
24C. NAME of CEMETERY or CREMATORY: Greenmount Crematory
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: H.W. Jenkins Sons Co. ADDRESS: 4905 York Rd. Baltimore, Md. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-463 70 7063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7063

CERTIFICATE AMENDED

1. NAME OF DECEASED (Type or Print): Donald D. Ballard

2. DATE AND HOUR OF DEATH: July 12, 1970 12 Noon M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (FULL NAME OF HOSPITAL OR INSTITUTION — IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 7-20-70 OO 1422 Bolton St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1401
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1422 Bolton St. 21217

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8-20-1895
9. AGE (In years last birthday): 74
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret.
10B. KIND OF BUSINESS OR INDUSTRY: Balto., Gas&Elec.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dr. Edwin K. Ballard
14. MOTHER'S MAIDEN NAME: Ada V. Chilcoat

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): WW I
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Donald D. ~~Brooks~~ Ballard
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 mn
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Jan 1970 to July 12 1970 that (I) (~~we~~) last saw the deceased alive on July 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: July 13/70.
23C. PHYSICIAN'S NAME (Type): Dr. M. J. Wizenberg DEGREE
23D. ADDRESS: 1423 Bolton St.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/15/70
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970
25B. NAME OF REGISTRAR: Robert E. Tabery M.D.
25C. FUNERAL DIRECTOR: H.W. Jenkins Sons Co.
ADDRESS: 4905 York Rd. Baltimore, Md. 21212

VS 150-REV. 1/1/68

V.S. 153 7-20-70 M.H.

M-260 70 7064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7064

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mr. J. Jerome Maguire

2. DATE AND HOUR OF DEATH: July 12, 1970 8:50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Church Home & Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore, Baltimore

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐ 1202

E. STREET AND NUMBER: 3507 N. Charles Street.

5. SEX: Male

6. RACE: Caucasian

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 10/21/06

9. AGE (In years last birthday): 63

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bank attendant

10B. KIND OF BUSINESS OR INDUSTRY: Union Trust Co Bank

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Timothy S. Maguire

14. MOTHER'S MAIDEN NAME: Julia M. Dee

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): ~~unknown~~ No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215070408

17. INFORMANT: MISS CATHERINE I. MAGUIRE (SAME) (Admission Record) ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Tracheo-esophageal fistula — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 week

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) carcinoma of esophagus — 8 months

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: July 6, 1970

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: esophageal tumor

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(state hospital)~~ attended the deceased from July 5 19 70 to July 12 19 70 that (I) ~~(was)~~ last saw the deceased alive on July 12 19 70 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(we)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Prabir K. Bose MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 7-12-70

23C. PHYSICIAN'S NAME (Type): PRABIR K. BOSE. MD DEGREE

23D. ADDRESS: Church Home & Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/15/70

24C. NAME of CEMETERY or CREMATORY: New Cathedral

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co. ADDRESS: 4905 York Rd. Balto., Md. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. W-425 70 7065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7065

1. NAME OF DECEASED (Type or Print): William Presley Wilson

2. DATE AND HOUR OF DEATH: July 14, 1970 3 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Jewish Convalescent Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2713
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 6117 Stanton Avenue

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 3-7-1898
9. AGE (In years last birthday): 72
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret'd. Bleach-Dye
10B. KIND OF BUSINESS OR INDUSTRY: Mills Mt. Wash. Md.
11. BIRTHPLACE (State or foreign country): Ridge, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Walter Wilson
14. MOTHER'S MAIDEN NAME: Daisy Greene
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-12-7920
17. INFORMANT: Mrs. W. Presley Wilson
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gangrene Rt. foot — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 months
DUE TO, OR AS A CONSEQUENCE OF:
ASCVD & auricular fibrillation — 4 years
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19__ to July 14 1970 that (I) (we) last saw the deceased alive on 7-10- 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ardiaz MD DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7-14-70
23C. PHYSICIAN'S NAME (Type): Dr. Jose Ardiaz DEGREE
23D. ADDRESS: 7 Church Lane

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-17-1970
24C. NAME of CEMETERY or CREMATORY: Gardens of Faith
24D. LOCATION (City, town, or county) (State): Baltimore, Belair Road, Md.
25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970 Robert E. [illegible]
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR: Henry W. Jenkins & Sons Co.
ADDRESS: 4905 York Road Balto., Md. 21212

VS 150-REV. 1/1/68

H-325 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7066 X REG. NO. 70 7066

1. NAME OF DECEASED (Type or Print): ROBERT HUDGINS

2. DATE AND HOUR OF DEATH: 7.12.70 | 10:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: JOHNS HOPKINS HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 BALTIMORE, MARYLAND 21205

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Prince Georges
C. CITY OR TOWN: Cottage City
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 3726 40th AVE 6600

5. SEX: Male
6. RACE: Caucasian
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8.26.51
9. AGE (In years last birthday): 18
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10B. KIND OF BUSINESS OR INDUSTRY: school
11. BIRTHPLACE (State or foreign country): washington D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: EDWARD HODGINS
14. MOTHER'S MAIDEN NAME: LEONA S. VAN PELT

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 578-74-8355
17. INFORMANT: Edward L Hudgins
ADDRESS: cottage city Md

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. 579.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: cardiorespiratory arrest
DUE TO, OR AS A CONSEQUENCE OF:
(B) aspiration s/o vasovagal reflex
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): pulmonary hypertension

19A. DATE OF OPERATION: 7.7.70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Appl. thoracotomy
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from 7/6 19 70 to 7/12 19 70 that I (we) last saw the deceased alive on 7/12 19 70 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (did not) view the body after death.

23A. SIGNATURE: M Jones, MD DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7/12/70
23C. PHYSICIAN'S NAME (Type): MICHAEL JONES MD DEGREE
23D. ADDRESS: JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 16, 1970
24C. NAME of CEMETERY or CREMATORY: Ft Lincoln Cemetery
24D. LOCATION (City, town, or county) (State): Colmar Manor Pro Geo Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNEREAL DIRECTOR: F. Gasch's Sons
ADDRESS: Hyattsville, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

S-530

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 7067

REG. NO. 70 7067

1. NAME OF DECEASED (Type or Print): ESTHER SMITH

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year July 11, 1970 Hour 10:10 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 712 Dolphin Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1703

6. SEX: Female

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: May 14, 1898

10. AGE (In years last birthday): 72

If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 712 Dolphin Street

11. BIRTHPLACE (State or foreign country): Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Smith

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

14B. KIND OF BUSINESS OR INDUSTRY: Balto. Public School

15. MOTHER'S MAIDEN NAME: Mary Jane Dyson

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.: 214-40-4749

18. INFORMANT: Mr. Edgar Palmer ADDRESS: 712 Dolphin Street

MEDICAL CERTIFICATION

19. 412.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Hypertensive cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 7/11/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/14/70

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970

25B. NAME OF REGISTRAR: Robert E. Jakey, M.D.

25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME ADDRESS: 3035 W. NORTH AVE

VS 151-REV. 1/1/68

Q-500 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7068

REG. NO. 70 7068

1. NAME OF DECEASED (Type or Print): SARAH QUEEN

2. DATE AND HOUR OF DEATH: July 7, 1970 | 9 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 House in Pine Belvedere

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 1602

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1317 W. Lafayette Ave.

5. SEX: Female

6. RACE: Negro

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: March 29, 1892

9. AGE (In years last birthday): 78

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10B. KIND OF BUSINESS OR INDUSTRY: PVT Family

11. BIRTHPLACE (State or foreign country): Westmoreland Co. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Ray

14. MOTHER'S MAIDEN NAME: Elizabeth Gardner

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Jeanette Lowe

ADDRESS: 1317 W. Lafayette Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebral thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 months

DUE TO, OR AS A CONSEQUENCE OF:

(B) Hypertension — 5 yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 5/29 1970 to 7/7 1970, that (I) (~~we~~) last saw the deceased alive on 7/7 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Alan B Cohen DEGREE

Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 7/9/70

23C. PHYSICIAN'S NAME (Type): Alan B. Cohen DEGREE

23D. ADDRESS: 3501 St Paul St Balto Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/11/70

24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park

24D. LOCATION (City, town, or county) (State): Baltimore County Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Nutter Funeral Home

ADDRESS: 3035 W. North Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-560

70 7069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7069

BIRTH NO. 1-3-13

1. NAME OF DECEASED (Type or Print): ALLEN HENRY

2. DATE AND HOUR OF DEATH: JULY 10, 1970 | 3:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): LUTHERAN HOSPITAL OF MD - 46

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 1505
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2705 Liberty Hgts. Ave.

5. SEX: Male 6. RACE: Negro 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 1-3-13 9. AGE (In years last birthday): 57 If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintaince Man
10B. KIND OF BUSINESS OR INDUSTRY: Gas & Electric
11. BIRTHPLACE (State or foreign country): Atlanta Ga.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Issac Henry
14. MOTHER'S MAIDEN NAME: Jessie ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-03-2542
17. INFORMANT: Mrs. Hazel P. Henry ADDRESS: 2705 Liberty Heigh

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Rupture of Abd. Aneurysm — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JULY 1, 1970 to JULY 10, 1970 that (I) (we) last saw the deceased alive on JULY 10, 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Okja Kim, M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: JULY 10, 1970
23C. PHYSICIAN'S NAME (Type): OKJA KIM, M.D. DEGREE
23D. ADDRESS: 730 ASHBURTON STR., BALTO., MD. 21216

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/13/70
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore County Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME ADDRESS: 3035 W. NORTH AVE.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-3501

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7070 REG. NO. 70 7070

1. NAME OF DECEASED (Type or Print): BENJAMIN AVON MADDEN SR.

2. DATE AND HOUR OF DEATH: JULY 12, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): LUTHERAN HOSPITAL DOA

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 1509
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4107 FAIRFAX ROAD

5. SEX: MALE 6. RACE: NEGRO 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] 8. DATE OF BIRTH: 9/3/1924 9. AGE (In years last birthday): 45 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT ADVISER
10B. KIND OF BUSINESS OR INDUSTRY: BALTIMORE CITY
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: BENJAMIN A. MADDEN
14. MOTHER'S MAIDEN NAME: COUTESE JOHNSON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-18-4020
17. INFORMANT: MARTINA D. MADDEN ADDRESS: 4107 Fairfax Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

404X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: MYOCARDIAL INSUFFICIENCY
DUE TO, OR AS A CONSEQUENCE OF:
(B) Hypertensive & Arteriosclerotic
DUE TO, OR AS A CONSEQUENCE OF:
(C) Cardiorenal renal failure

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Oct 11 1969 to July 12 1970, that (I) (we) last saw the deceased alive on June 27 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: S. Borodesky MD DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: July 14, 1970
23C. PHYSICIAN'S NAME (Type): SBORODESKY DEGREE
23D. ADDRESS: 4734 Park Hts Ave Balto 15 Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/15/70
24C. NAME of CEMETERY or CREMATORY: Baltimore National Cem
24D. LOCATION (City, town, or county) (State): Baltimore maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME
ADDRESS: 3035 W. NORTH AV

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-260

BIRTH NO. 70 7071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7071

1. NAME OF DECEASED (Type or Print): GEISER NETTIE J.

2. DATE AND HOUR OF DEATH: JULY 14, 1970 10:00P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4/6 ST AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: Balto. 5300

C. CITY OR TOWN: CATONSVILLE D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 16 FUSTING AVE

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 12 01 89 9. AGE (In years last birthday): 80 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT 10B. KIND OF BUSINESS OR INDUSTRY: RET

11. BIRTHPLACE (State or foreign country): MARYLAND 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ? — CRONEHARDT 14. MOTHER'S MAIDEN NAME: unknown to records

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 216 05 4844 17. INFORMANT: ST AGNES HOSP BALTO MD 21229 ADDRESS

MEDICAL CERTIFICATION

18. 53211 CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Localized peritonitis

DUE TO, OR AS A CONSEQUENCE OF: Ruptured Duodenal ulcer

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No) YES 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JULY 10 19 70 to JULY 14 19 70 that (I) (we) last saw the deceased alive on JULY 14 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Hermenegildo Isidro DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ 23B. DATE SIGNED: July 15, 1970

23C. PHYSICIAN'S NAME (Type): H ISIDRO, M.D. DEGREE 23D. ADDRESS: BALTO MD 21229 ST. AGNES HOSP; CATON & WILKENS AVES.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL 24B. DATE: 7/18/70 24C. NAME of CEMETERY or CREMATORY: WOODLAWN 24D. LOCATION (City, town, or county) (State): BALTO. CO. MD.

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970 25B. NAME OF REGISTRAR: Robert E. Faber, M.D. 25C. FUNERAL DIRECTOR: E. L. McNeill ADDRESS: 301 Frederick Rd. Catonsville, Md. 21228

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

M-320 70 7072 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 70 7072

1. NAME OF DECEASED (Type or Print): Charles Matthews

2. DATE OF DEATH: Known ☐ Estimated ☐ Month 7 Day 13 Year 70 Hour 6:25 a. M.

3. DATE PRONOUNCED DEAD: Month 7 Day 13 Year 70 Hour 6:25 a. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 314 N. Poppleton St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1801

6. SEX: male
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: April 10,1924
10. AGE (In years last birthday): 46
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 314 N. Poppleton Street

11. BIRTHPLACE (State or foreign country): Harmons Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Russell Matthews

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY: Construction
15. MOTHER'S MAIDEN NAME: Agnes

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) W. W. 2
17. SOCIAL SECURITY NO. 216-12-3182
18. INFORMANT: Harriett E. Matthews ADDRESS: 252 N. Pine St.

MEDICAL CERTIFICATION

19. 412.4 + 303.2

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

Chronic alcoholism

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Peter Lipkovic M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒

DATE SIGNED: 7/13/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 17,70
24C. NAME of CEMETERY or CREMATORY: Balto. National Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Williams Funeral Home ADDRESS: 319 N. Schroeder St.

VS 151-REV. 1/1/68

N-453 70 7073

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7073

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): LULA B. NOLAND

2. DATE AND HOUR OF DEATH: July 10, 1970 | 8:20 PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore 903

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 766 E. 36TH Street

5. SEX: F

6. RACE: Cau.

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7/15/1908

9. AGE (In years last birthday): 61 | If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORGE THOMPSON

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 276-22-0903

17. INFORMANT: MR. LAWSON NOLAND ADDRESS: 766 E. 36TH ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of the Breast — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from July 10, 1970 19 to July 10 19 70 that (I) (~~we~~) last saw the deceased alive on July 10 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Robert J. Powner, MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: July 10, 1970

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 7/13/70

24C. NAME of CEMETERY or CREMATORY: GLEN HAVEN CEM.

24D. LOCATION (City, town, or county) (State): ANNE ARUNDEL CT. MD.

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970

25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.

25C. FUNERAL DIRECTOR: Paul CHENOWETH ADDRESS: 3615 CHESTERFIELD AVE.

VS 150-REV. 1/1/68

44-52-60 csk

M-650 70 7074

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

70 7074

REG. NO.

1. NAME OF DECEASED (Type or Print): Thomas A. Mariano

2. DATE AND HOUR OF DEATH: July 11, 1970 | 3:40 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Ave., Baltimore, Md. 21224

31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 203

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 620 S. Ann St. Baltimore, Md. 21231 007

5. SEX: Male

6. RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 9-8-04

9. AGE (In years last birthday): 65

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BARBER

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James MARIANO

14. MOTHER'S MAIDEN NAME: ~~Bertholamina~~ PHILOMENA VITELO

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-03-5036A

17. INFORMANT: BCH Records

ADDRESS: 4940 Eastern Ave. Baltimore, Md. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Aspiration

DUE TO, OR AS A CONSEQUENCE OF:

(B) Metastatic Ca. of Gall Bladder. 8 mo.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from July 6 19 70 to July 11 19 70 that ~~(I)~~ (we) last saw the deceased alive on July 11 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Carl Winterstein DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]

23B. DATE SIGNED: 7/11/70

23C. PHYSICIAN'S NAME (Type): Carl Winterstein M.D. DEGREE

23D. ADDRESS: Baltimore City Hospitals, 4940 Eastern Ave. Baltimore, Md. 21224

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 7/15/70

24C. NAME of CEMETERY or CREMATORY: ST. STANISLAUS CEM.

24D. LOCATION (City, town, or county) (State): BALTIMORE MD.

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: RAYMOND L. KACZOROWSKI

ADDRESS: 2525 FLEET ST.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

56-61-38 TB

S-462 70 7075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 7075

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

CERTIFICATE AMENDED

1. NAME OF DECEASED (Type or Print): ~~RONALD R. SELLERS~~ ~~Ronald Sellers~~ Roland R. Sellers

2. DATE AND HOUR OF DEATH: ~~June~~ July 11, 1970 6 20 a M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

7-30-70

31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN: Sparrows Point
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 702 H Street Balto., Md. 21219

5300

5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1-1-26
9. AGE (In years last birthday): 44
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co.
11. BIRTHPLACE (State or foreign country): Wilmington North Carolinia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Roy Sellers
14. MOTHER'S MAIDEN NAME: Katie Meres
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): ?
16. SOCIAL SECURITY NO.: 244-20-5686
17. INFORMANT: BCH Records:
ADDRESS: 4940 Eastern Avenue, Baltimore, Md. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

5779

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A)	IMMEDIATE CAUSE: Pancreatitis	2 days
	DUE TO, OR AS A CONSEQUENCE OF:	
(B)	Pneumonia	2 days
	DUE TO, OR AS A CONSEQUENCE OF:	
(C)	Delirium Tremens	12 hrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/10/70 19 to 7/11 19 70 that (I) (we) last saw the deceased alive on 7/11/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: William MacDonald MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7/11/70
23C. PHYSICIAN'S NAME (Type): William MacDonald, M. D. DEGREE
23D. ADDRESS: Baltimore City Hospitals, 4940 Eastern Avenue Balto., Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-15-1970
24C. NAME of CEMETERY or CREMATORY: Holy Cross
24D. LOCATION (City, town, or county) (State): Cleveland Cuyahoga Co. Ohio

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970
25B. NAME OF REGISTRAR: Robert E. Kelly, M.D.
25C. FUNERAL DIRECTOR: John J. Duda, Dundalk, Maryland
ADDRESS: 21222

VS 150-REV. 1/1/68

Letter from B.C.H. & V.S. 153
7-30-70 M.H.

BIRTH NO. H-323 70 7076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 7076

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Hodgdon Gertrude

2. DATE AND HOUR OF DEATH: 7-8-70 | 7 40 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bon Secours Hospital 34

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: D.C. B. COUNTY: V-48
C. CITY OR TOWN: Washington D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 5301 New Hampshire Ave. N.W.

5. SEX: Female 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 06/17/94 9. AGE (In years last birthday): 76 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk retired
10B. KIND OF BUSINESS OR INDUSTRY: Dept of Army
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Gardner
14. MOTHER'S MAIDEN NAME: Catherine Brady

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212-01-3641
17. INFORMANT: John H. McClintock 108 Central ADDRESS: Caldwell, N.J

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: congestive heart failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Pneumonia
DUE TO, OR AS A CONSEQUENCE OF:
(C) –

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: –
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: –
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): –
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): –
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): –
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? –

22. I certify that (I) (this hospital) attended the deceased from 7/8/ 1970 to 7/8 1970 that (I) (we) last saw the deceased alive on July 8, 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Kusuma K. Pruksapong DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7/8/70
23C. PHYSICIAN'S NAME (Type): KUSUMA K. PRUKSAPONG DEGREE
23D. ADDRESS: BON SECOURS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/13/70
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Frederick Rd. Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970 Robert E. Faber, M.D.
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR: Mitchell Wiedefeld Home ADDRESS: 6500 York Rd.

VS 150-REV. 1/1/68

BIRTH NO. S-323 70 7077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7077

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Stichtenoth, August

2. DATE AND HOUR OF DEATH: 7/11/70 11 10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Edgewood Nursing Home 90 Cove Bellevue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 2759
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4226 LOCH RAVEN BLVD.

5. SEX: Female 6. RACE: White 7. [redacted] NEVER MARRIED [X] [redacted]

8. DATE OF BIRTH: 6/30/01 9. AGE (In years last birthday): 69 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK (RET.)
10B. KIND OF BUSINESS OR INDUSTRY: ELLICOTT MACHINES-
11. BIRTHPLACE (State or foreign country): BAL TO. MD.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: EDWARD STICHTENOTH
14. MOTHER'S MAIDEN NAME: ELIZ. FROEHNHAUSER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS. CARL SCHLEUNES ADDRESS: 4608 WALTHER BLVD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	MULTIPLE FISTULAE INTESTINE	3 MONTHS
DUE TO, OR AS A CONSEQUENCE OF:	CARCINOMA COLON C	2 YEARS
(B) DUE TO, OR AS A CONSEQUENCE OF:	METASTASES	
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	A.S.C.V. DISEASE.	?

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from October 1969 to July 11, 1970 that (I) (we) last saw the deceased alive on 6/24 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Arthur Karfgin M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/11/70
23C. PHYSICIAN'S NAME (Type): ARTHUR KARFGIN M.D. DEGREE
23D. ADDRESS: 1532 HAVENWOOD ROAD

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7/14/70
24C. NAME of CEMETERY or CREMATORY: LOUDON PARK CEM.
24D. LOCATION (City, town, or county) (State): BALTO.

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970
25B. NAME OF REGISTRAR: Robert E. Weber, M.D.
25C. FUNERAL DIRECTOR: MITCHELL-WIEDEFELD HOME ADDRESS: 6500 YORK RD. 21212

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7078

BIRTH NO. C-620 70 7078

1. NAME OF DECEASED (Type or Print): Helen R. Crouse

2. DATE AND HOUR OF DEATH: July 10, 1970 3 30 PM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Long GReen Nursing Home 115 E. Melrose Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Baltimore 1302

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1926 Mt. Royal Terrace

5. SEX: Female 6. RACE: White 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 9/11/1885 9. AGE (In years last birthday): 84 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sect. Retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Rev. Thomas O. Crouse

14. MOTHER'S MAIDEN NAME: Lavinia Russell

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220303020

17. INFORMANT: Henry S. Wells Jr ADDRESS: 1926 Mt. Royal Ter.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — 412.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ARTERIOSCLEROTIC HEART DIS. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 YRS

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C) GENERALIZED ARTERIOSCLEROSIS — ?

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). —

19A. DATE OF OPERATION: 0 — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) —

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) —

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (~~this hospital~~) attended the deceased from Oct 1955 to July 10 1970, that (I) (~~we~~) last saw the deceased alive on July 9 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: John M. Scott M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: July 12, 1970

23C. PHYSICIAN'S NAME (Type): JOHN M. SCOTT DEGREE

23D. ADDRESS: 600 W. BELVEDERE AVE BALTIMORE, MD 21210

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 7/13/70 24C. NAME of CEMETERY or CREMATORY: Druid Ridge Cemetery 24D. LOCATION (City, town, or county) (State): Reistertown Rd. Pikesville Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970 25B. NAME OF REGISTRAR: Robert E. Tarbey, M.D. 25C. FUNERAL DIRECTOR: Mitchell Wiedefeld Home ADDRESS: 6500 York Rd.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

L-510 70 7079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7079

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LAMB, Miss M. ELIZABETH

2. DATE AND HOUR OF DEATH: July 4, 1970 | 6:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Keswick Home - 700 W. 40th St. Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 2712

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 700 W. 40th St.

5. SEX: Female 6. RACE: White 7. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 1-29-75 9. AGE (In years last birthday): 95 If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10B. KIND OF BUSINESS OR INDUSTRY: Public School System

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eli M. Lamb

14. MOTHER'S MAIDEN NAME: Anna W. Corkran

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-46-3822T

17. INFORMANT: Keswick Medical Records ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Coronary thrombosis	—
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Arteriosclerotic CVD	yrs
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept 1969 to 4 July 1970, that (I) (we) last saw the deceased alive on 4 July 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Harold P. Biehl MD DEGREE — Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 5 July 70

23C. PHYSICIAN'S NAME (Type): Harold P. Biehl M.D. DEGREE

23D. ADDRESS: 1202 St. St. Paul

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/7/70

24C. NAME of CEMETERY or CREMATORY: Friends Burial Ground

24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970 Robert E. Talbert M.D.

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR: Mitchell-Friedfeld 6500 York Rd. ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

304 Melrose Ave. Admitted 9/19/69
(Keswick Home)

1

S-363 70 7080 BALTIMORE CITY HEALTH DEPARTMENT X

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7080

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOSEPH STEWART (STEWARD)

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year July 11,1970 Hour 8:20 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1608 W. Lafayette Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: New York B. COUNTY: V-29
C. CITY OR TOWN: Brooklyn D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1608 W. Lafayette Avenue

6. SEX: Male
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 8-12-1927
10. AGE (In years last birthday): 42
If Under 1 Yr. or Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Georgetown, S. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Willie Steward)
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Glazier
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Lottie Bowens
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No. (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 093-22-2977
18. INFORMANT: Mrs. Christina Steward ADDRESS: 708 8th Ave New York

MEDICAL CERTIFICATION

19. 412.4 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No) yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED 7/11/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-17-70
24C. NAME of CEMETERY or CREMATORY: Georgetown Cemetery
24D. LOCATION (City, town, or county) (State): Georgetown, South Carolina

25A. DATE REC'D BY HEALTH DEPT. JUL 15 1970
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H.
ADDRESS: 1701 Laurens Street

VS 151-REV. 1/1/68

G-520 70 7081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7081

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Shirley M. Gaines

2. DATE AND HOUR OF DEATH: 7/12/70 10 AM. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital Balt. Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 2831
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3821 Beehler Ave.

5. SEX: F
6. RACE: N C
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5/19/37
9. AGE (In years last birthday): 33
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Orangeburg, S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Preston Haigler
14. MOTHER'S MAIDEN NAME: Geneva Haigler
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO.
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 248-64-9380
17. INFORMANT: Mr. Leroy Gaines ADDRESS: 3821 Beehler Ave

MEDICAL CERTIFICATION

18. 631.4

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute hyperpyrexial infarct
DUE TO, OR AS A CONSEQUENCE OF:
(B) Pulmonary Edema — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.
DUE TO, OR AS A CONSEQUENCE OF:
(C) [illegible]

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 7/11
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Abdominal Pregnancy
20A. AUTOPSY? (Yes or No): ?
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from ~~July~~ 6/23 19 70 to 7/12/70 19 ___ that (I) (~~we~~) last saw the deceased alive on 7/12/70 10 AM 19 ___ and that ~~I (our)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7/12.
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/18/70
24C. NAME of CEMETERY or CREMATORY: St. John Bapt. Ch. Cem.
24D. LOCATION (City, town, or county) (State): Cameron, S. Carolina

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Morton & Dyett F.H.
ADDRESS: 1701 Laurens St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

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S-530 70 7082

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70 7082

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): Clyde Smith

2. DATE OF DEATH: Known ☐ Estimated ☐ Month 7 Day 12 Year 70 Hour 3:35 p. M.

3. DATE PRONOUNCED DEAD: Month 7 Day 12 Year 70 Hour 3:35 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital

33

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 843

6. SEX: male

7. RACE: Negro

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 2-23-1910

10. AGE (In years last birthday): 60

If Under 1 Yr. or Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 1412 N. Potomac Street

11. BIRTHPLACE (State or foreign country): Greenwood, S. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ben Smith

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

14B. KIND OF BUSINESS OR INDUSTRY: Amaco Steel

15. MOTHER'S MAIDEN NAME: Rose Watkins

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No.

17. SOCIAL SECURITY NO.: 250-07-7027

18. INFORMANT: Mrs. Ruby Smith ADDRESS: 1412 Potomac Street

MEDICAL CERTIFICATION

19. E880X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Cranio-cerebral injuries

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1412 N. Potomac Street 843

22D. TIME OF INJURY (APPROX.): (Month) 7 (Day) 12 (Year) 70 (Hour) 2:05 p.m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Sub. fell down steps

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒

DATE SIGNED: 7/13/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-16-70

24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970 Robert E. Farber, M.D.

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. ADDRESS: 1701 Laurens Street

VS 151-REV. 1/1/68

N854.0

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. G-635 70 7083

REG. NO. 70 7083

1. NAME OF DECEASED (Type or Print): Jr. Gardner, George Albert

2. DATE AND HOUR OF DEATH: 7/14/70 1 35 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): North Char. Gen Hosp 49 2724 N. Charles St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 2004
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2507 Hollins St

5. SEX: M
6. RACE: N
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 4/9/25
9. AGE (In years last birthday): 45
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md. Howard Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Gardner
14. MOTHER'S MAIDEN NAME: Mary Williams

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 218-12-2723
17. INFORMANT: Hosp chart
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: DEHYDRATION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 WEEKS
DUE TO, OR AS A CONSEQUENCE OF:
(B) INTRAABDOMINAL CARCINOMA — 1 YEAR
DUE TO, OR AS A CONSEQUENCE OF:
(C) PRIMARY UNKNOWN — 2 YEARS

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/17 1970 to 7/14 1970 that (I) (we) last saw the deceased alive on 7/14 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

23A. SIGNATURE: B. del Carmen, M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7/14/70
23C. PHYSICIAN'S NAME (Type): B. V. DEL CARMEN, M.D. DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/17/70
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Morton & Dyett F.H.
ADDRESS: 1701 Laurel St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

S-610 70 7084

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 7084

1. NAME OF DECEASED (Type or Print): (Debra) Deborah Sharp

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 7 Day 13 Year 70 Hour 11:30 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 39 Provident Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1703

6. SEX: female
7. RACE: colored
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 9-26-1949
10. AGE (In years last birthday): 20
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 851 George St.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Bernard Sharp

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packer
14B. KIND OF BUSINESS OR INDUSTRY: Md. Glass Company
15. MOTHER'S MAIDEN NAME: Eleanor Seldon

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 216-50-3170
18. INFORMANT: Mrs. Eleanor Sharp ADDRESS: 851 George St. Apt. F

MEDICAL CERTIFICATION

19. 796.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: No cause of death determined at autopsy or on chemical analyses

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☒

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE [signature] M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 7/14/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-18-70
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970
25B. NAME OF REGISTRAR: Robert E. Talbey, M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. ADDRESS: 1701 Laurens Street

VS 151-REV. 1/1/68

Letter from M.E.'s office 10-6-70 M.H.

1

G-600 70 7085

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7085

BIRTH NO.

1. NAME OF DECEASED (Type or Print): David L. Gray, Sr.

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 7 Day 13 Year 70 Hour 10:00p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 411 E. Biddle St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1004

6. SEX: male
7. RACE: colored
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 2-22-1922
10. AGE (In years last birthday): 48
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
E. STREET AND NUMBER: 411 E. Biddle St.

11. BIRTHPLACE (State or foreign country): Chester, South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Flemmon Gray

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
14B. KIND OF BUSINESS OR INDUSTRY: Social Security
15. MOTHER'S MAIDEN NAME: Hattie Clark

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) 1/20/43 11/4/45
17. SOCIAL SECURITY NO. 247-32-0624
18. INFORMANT: Mrs. Lucille Clark ADDRESS: 567 Orchard Street

MEDICAL CERTIFICATION

19. 571.8

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Fatty alteration of liver
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No) yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Werner U. Spitz, M.D. M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
Deputy Chief Medical Examiner
DATE SIGNED 7/14/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-20-70
24C. NAME of CEMETERY or CREMATORY: Balto. Nat'l Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. JUL 15 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. ADDRESS: 1701 Laurens Street

VS 151-REV. 1/1/68

Letter from M.E.'s office 9-16-70 M.H.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. C-632 70 7086 REG. NO. X 70 7086

1. NAME OF DECEASED (Type or Print): Ethel Curtiss
Curtiss, Miss Ethel

2. DATE AND HOUR OF DEATH: 7/13/70 8:00 a.m. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
Keswick, Home for Incurables
Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: Maryland, Harford Co. 62-00
C. CITY OR TOWN: Fallston
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Harford Road

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 3/12/1874
9. AGE (In years last birthday): 96 years
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Public School Teacher,
10B. KIND OF BUSINESS OR INDUSTRY: Baltimore City
11. BIRTHPLACE (State or foreign country): Fallston, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George G. Curtiss
~~Joseph Curtiss~~
14. MOTHER'S MAIDEN NAME: ~~XXXXXXXXX~~ Mary Eleanor Lewis

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO. 220-44-6955
17. INFORMANT: F. H. Lewis
ADDRESS: 206 Churchville Road Bel Air, Md. 21014

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 412.4 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebral Thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 wks
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Arteriosclerotic C. V. Disease — 6 yrs
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8 Oct 1965 to 13 July 1970, that (I) (we) last saw the deceased alive on 13 July 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Aubrey D. Richardson M.D. DEGREE
Attending Phys. ☐ Med. Director ☒ Staff Phys. ☐
23B. DATE SIGNED: 13 July 1970
23C. PHYSICIAN'S NAME (Type): Aubrey D. Richardson, M.D. DEGREE
23D. ADDRESS: 700 West 40th Street Keswick, Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 7/17/1970
24C. NAME of CEMETERY or CREMATORY: Green Mount
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: Charles E. Kurtz
ADDRESS: Jarrettsville, Md. 21084

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

S-415 70 7087

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7087

BIRTH NO.

1. NAME OF DECEASED (Type or Print): James Sullivan B.	2. DATE OF DEATH — Known ☐ Estimated ☐: Month 7, Day 12, Year 70, Hour 6:11 p.m.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): So. Balto. Gen. Hospital 43	3. DATE PRONOUNCED DEAD: Month 7, Day 12, Year 70, Hour 6:11 p.m.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Md. B. COUNTY: 2833
6. SEX: male	7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☒ NO ☐	
9. DATE OF BIRTH: March 29, 1926	10. AGE (In years last birthday): 44
If Under 1 Yr. or Under 24 Hrs.: Months, Days, Hours, Min.	E. STREET AND NUMBER: 5405 Hutton Avenue
11. BIRTHPLACE (State or foreign country): Virginia	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Benjamin E. Sullivan	14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bricklayer
14B. KIND OF BUSINESS OR INDUSTRY:	15. MOTHER'S MAIDEN NAME: Carrie M. Shifflet
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): yes (If yes, give war or dates of service): 1942-1945	17. SOCIAL SECURITY NO.: 216-20-9039
18. INFORMANT: Mrs. Carrie M. Sullivan	ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E910.0

(A) IMMEDIATE CAUSE: Drowning

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes	
22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ~~Water~~ PIER
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2700 Bl. S. Light Street	2404
22D. TIME OF INJURY (APPROX.): (Month) 7 (Day) 12 (Year) 70 (Hour) 5:20 p.m.	22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? ~~Drow~~ Drowned while swimming.	

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒

ACTUAL SIGNATURE: Peter Lipkovic M.D.

EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

DATE SIGNED: 7/13/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial	24B. DATE: July 16, 1970	24C. NAME of CEMETERY or CREMATORY: Hillsboro Cem.	24D. LOCATION (City, town, or county) (State): Charlotteville, Va.
25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970	25B. NAME OF REGISTRAR: Robert E. Faber, M.D.	25C. FUNERAL DIRECTOR: G. Truman Schwab	ADDRESS: Balto. Md. 21229 5151 Balto. National Pike

VS 151-REV. 1/1/68

N994.1

B-63070 7088

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7088

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): BARRETT LAWRENCE

2. DATE AND HOUR OF DEATH: 7/12/70 12.10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL OF BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 1338
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2062 ROCKROSE AVE

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 12/25/25
9. AGE (In years last birthday): 44 yr
If Under 1 Yr. Months: — Days: — If Under 24 Hrs. Hours: — Min.: —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Schenuit Rubber Co.
10B. KIND OF BUSINESS OR INDUSTRY: Rubber
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lawrence Barrett
14. MOTHER'S MAIDEN NAME: Edna unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): W.W. 11
16. SOCIAL SECURITY NO.: 219-10-5895
17. INFORMANT: Jean Barrett ADDRESS: 2062 Rockrose Ave. Balto., Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

203 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: CONGESTIVE HEART FAILURE & CHRONIC RENAL FAILURE
DUE TO, OR AS A CONSEQUENCE OF:
(B) MULTIPLE MYELOMA
DUE TO, OR AS A CONSEQUENCE OF:
(C) —

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): —

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/11 1970 to 7/12 1970 that (I) (we) last saw the deceased alive on 7/12 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Kapoor M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7/12/70
23C. PHYSICIAN'S NAME (Type): Dr NEELAM KAPOOR DEGREE
23D. ADDRESS: SINAI HOSPITAL OF BALTIMORE

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: XXXXX XXXXX
24C. NAME of CEMETERY or CREMATORY: Crest Lawn
24D. LOCATION (City, town, or county) (State): Marriottsville, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Loring Byers ADDRESS: 8728 Liberty Road 21133

VS 150-REV. 1/1/68

1

70 7089

S-435

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 7089

1. NAME OF DECEASED (Type or Print): WILLIAM LESLIE SCHULTZ

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year July 12,1970 Hour 8:15 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Balto. 5300

6. SEX: Male

7. RACE: White

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Upperco

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: Jan. 4, 1923

10. AGE (In years last birthday): 47
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: Hanover Road

11. BIRTHPLACE (State or foreign country): Balto. Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leslie Schultz

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintance Man

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Pearl Zepp

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

17. SOCIAL SECURITY NO. 216-18-7947

18. INFORMANT: Mrs. Bessie H. Schulyz ADDRESS: Upperco, Md.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E 812.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Multiple Traumatic Injuries (Crushed chest)

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Hanover Pike 2600 ft.N.of Mt. Gilread Road 5300

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 7-12-70 2:30 A. m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Driver in auto-auto collision

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum,M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 7/12/70

24A. BURIAL CREMATION, REMOVAL, (Specify): Burial

24B. DATE: July 15,70

24C. NAME of CEMETERY or CREMATORY: Emory Cemetery

24D. LOCATION (City, town, or county) (State): Upperco, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: J. F. Eline & Sons ADDRESS: Reisterstown, Md.

VS 151-REV. 1/1/68

N862.1

BIRTH NO. C-550 70 7090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7090

1. NAME OF DECEASED (Type or Print): IVAN S. CANNON or Ivy S Cannon

2. DATE AND HOUR OF DEATH: 7-12-70 9:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Montebello State Hospital 91

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 841
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 3150 ELMORA Ave

5. SEX: M
6. RACE: Caucasian
7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7-10-1893
9. AGE (In years last birthday): 77
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dorchester Co. Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles Cannon
14. MOTHER'S MAIDEN NAME: Della Cannon
15. Was Deceased Ever in U. S. Armed Forces? (Yes no or unknown) (If yes, give war or dates of service): Navy - World War I
16. SOCIAL SECURITY NO.:
17. INFORMANT: Margaret Cannon
ADDRESS: 1645 Mann Road Dundalk 21222

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Recurrent Adeno Ca Colon — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3½ years
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2-18-70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Recurrent Adeno Ca Colon - resection
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 3-20-70 19__ to 7-12-70 19__ that (I) (we) last saw the deceased alive on 7-12-70 at 8:30 AM and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: C. Feliciano DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 7-12-70
23C. PHYSICIAN'S NAME (Type): CHRISTINA A. FELICIANO M.D. DEGREE
23D. ADDRESS: Montebello State Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-15-70
24C. NAME of CEMETERY or CREMATORY: Baltimore, National Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: WALTER DABROWSKI
ADDRESS: 1005 DUNDALK AVENUE

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. K-116 70 7091

REG. NO. 70 7091

1. NAME OF DECEASED (Type or Print): EMMA C. KIEFABER

2. DATE AND HOUR OF DEATH: July 13, 1970 2:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): HUNTING HILLS APARTMENTS, 4606 Pen Lucy Road

00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 2854

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4606 Pen Lucy Road

5. SEX: female

6. RACE: caucasian

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: ~~Dec. 31, 1879~~ Jan. 2, 1880

9. AGE (In years last birthday): 90

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Otto Ludwig Ritter

14. MOTHER'S MAIDEN NAME: Charlotte Raeder

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-46-5495 ~~none~~

17. INFORMANT: Frank J. Hotfelder, 4606 Pen Lucy Ave, Balto.

ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Hours

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic Cardiovascular Disease & Congestive Heart Failure, Chronic — 10 yr

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from July 1, 70 19 to July 13, 19 70 that (I) (we) last saw the deceased alive on July 19 70 and that in (~~my~~) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~we~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: B. S. Karpers Jr. MD, DEGREE

Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 7-13-70

23C. PHYSICIAN'S NAME (Type): Dr. B. S. Karpers, Jr. DEGREE

23D. ADDRESS: 514 Medical Arts Building, Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation

24B. DATE: 7-15-70

24C. NAME of CEMETERY or CREMATORY: Greenmount Crematorium

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. - Balto, Md. - 14

ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. G-140 70 7092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7092

1. NAME OF DECEASED (Type or Print): EMIL F GOEBEL

2. DATE AND HOUR OF DEATH: July 13, 1970 | 2.45 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 903
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3710 MONTEREY ROAD

5. SEX: MALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 08-15-83
9. AGE (In years last birthday): 86 | If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Life Insurance
10B. KIND OF BUSINESS OR INDUSTRY: Agent
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: UNKNOWN Goebel
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-05-7460
17. INFORMANT: Mrs Evelyn H Lee
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 450X Pulmonary Emboli
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JULY 6 19 70 to JULY 13 19 70 that (I) (we) last saw the deceased alive on JULY 13 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Miguel Karacuschansky M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: July 13, 1970
23C. PHYSICIAN'S NAME (Type): Miguel KARACUSCHANSKY M.D. DEGREE
23D. ADDRESS: Union Memorial Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/17/70
24C. NAME of CEMETERY or CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Leonard J Ruck Inc. Baltimore, Maryland
ADDRESS: Maryland

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. V-600 70 7093

REG. NO. 70 7093

1. NAME OF DECEASED (Type or Print): MILDRED KAISS VEARA

2. DATE AND HOUR OF DEATH: July 13, 1970 2:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4339 Glenmore Avenue

00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 2631

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4339 Glenmore Ave.

5. SEX: female

6. RACE: white

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Jan. 4, 1903

9. AGE (In years last birthday): 67

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10B. KIND OF BUSINESS OR INDUSTRY: Glen L. Martin Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John C. E. Kaiss

14. MOTHER'S MAIDEN NAME: Magdalene Cramer

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-14-9513

17. INFORMANT: Ralph W. Veara (husband), 4339 Glenmore Ave.

ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
412.3	(A) IMMEDIATE CAUSE: Cardiac Arrest	
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) Coronary Artery Disease	6 mos.
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 1945 19 to 7/13/70 19 that (I) (~~we~~) last saw the deceased alive on 7/12/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Walter E Karfgin MD DEGREE

Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 7/15/70

23C. PHYSICIAN'S NAME (Type): Dr. Walter E. Karfgin DEGREE

23D. ADDRESS: 4331 Harford Road

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-16-70

24C. NAME of CEMETERY or CREMATORY: Parkwood Cem.

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970

25B. NAME OF REGISTRAR: Robert E. Farber M.D.

25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. - Balto, Md. - 14

ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-650 70 7094

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7094

CERTIFICATE AMENDED

1. NAME OF DECEASED (Type or Print): Green, Engle

2. DATE AND HOUR OF DEATH: 7/9/70 4:24 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): John Hopkins 9-14-70 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Balto 805
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1765 Darley Ave

5. SEX: Male
6. RACE: Negro
7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: JUNE 8 1910
9. AGE (In years last birthday): 60
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Steel Worker~~ Self-employed
10B. KIND OF BUSINESS OR INDUSTRY: ~~Steel Industry~~ Wood Yard
11. BIRTHPLACE (State or foreign country): S. Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ~~Unknown~~ Eaton Green
14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. 162.1 SS#247-16-7080 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory Insufficiency — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2d.
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Metastatic Carcinoma of lung — Years
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Congestive Heart Failure

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/1 1970 to 7/9 1970 that (I) (we) last saw the deceased alive on 7/9 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard L. Taw Jr. M.D. DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/9/70
23C. PHYSICIAN'S NAME (Type): Richard L. Taw Jr., M.D. DEGREE
23D. ADDRESS: 601 N. Broadway, Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: ~~7-13-70~~ 7-14-70
24C. NAME of CEMETERY or CREMATORY: ~~Church Cemetery~~ Bethesda Church Cemetery
24D. LOCATION (City, town, or county) (State): Georgetown, S.C.

25A. DATE REC'D BY HEALTH DEPT.: JUL 15 1970
25B. NAME OF REGISTRAR: John E. [illegible], M.D.
25C. FUNERAL DIRECTOR: Johnson & Jenkins Inc
ADDRESS: 4804 Georgia Ave Washington D.C.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

V.S. 153 9-14-70 M.H.

1

70 7095

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

B-250 BIRTH NO. REG. NO. 70 7095

1. NAME OF DECEASED (Type or Print): Gilbert Beeson

2. DATE OF DEATH: Known ☐ Estimated ☐ Month 7 Day 6 Year 70 Hour 6:20 a.m.

3. DATE PRONOUNCED DEAD: Month 7 Day 6 Year 70 Hour 6:20 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 11 W. Clement St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2301
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 11 W. Clement Street

6. SEX: male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

9. DATE OF BIRTH: Sept. 21, 1928
10. AGE (In years last birthday): 41 ~~XX~~
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John R. Beeson

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Deck hand
14B. KIND OF BUSINESS OR INDUSTRY: Tug boats
15. MOTHER'S MAIDEN NAME: Elaine Culler

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): UNK.
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: John R. Beeson, High Point, N.C.
ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒
DATE SIGNED: 7/6/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial Removal
24B. DATE: 7/14/70
24C. NAME of CEMETERY or CREMATORY: Guilford Memorial
24D. LOCATION (City, town, or county) (State): High Point, N.C.

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Ullrich Funeral Home, Baltimore, Md. for Cumby Funeral Home, High Point, N.C.
ADDRESS

VS 151-REV. 1/1/68

57-18-68 js 1

D-225

K-250 70 7096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 7096

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Marie de Kowzan

2. DATE AND HOUR OF DEATH: 7.10.70 | 10 15 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospital, 4940 Eastern Avenue, Baltimore, Md. 21224

31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto Co. 53-00
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 3448 Sollers Pt. Rd., Balto., Md. 21222

5. SEX: Female
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 5-21-92
9. AGE (In years last birthday): 78
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Work~~ At home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: ? Rayburn
14. MOTHER'S MAIDEN NAME: Clara Mc Kinsey

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: BCH Records
ADDRESS: 4940 Eastern Avenue, Baltimore, Md. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebrovascular accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 days.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Hypertension — >10 yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

436.0

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) ☐
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 7.7 1970 to 7.10 1970 that ~~(I)~~ (we) last saw the deceased alive on 7.10 1970 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: James T. Corkins MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7.10.70
23C. PHYSICIAN'S NAME (Type): James T. Corkins, M.D. DEGREE
23D. ADDRESS: Baltimore City Hospital, 4940 Eastern Ave., Balto., Md. 21224

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/14/70
24C. NAME of CEMETERY or CREMATORY: St. Stanislaus
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Ullrich Funeral Home, Dundalk, Md.
ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

C-652 70 7097

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7097

BIRTH NO.

1. NAME OF DECEASED (Type or Print): DONNELL LEWIS CURRENCE

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year July 10, 1970 Hour 7:56 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY HOSPITAL (DOA)

38/99

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1802

6. SEX: Male

7. RACE: Negro

8. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 1/1/40

10. AGE (In years last birthday): 28 If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

E. STREET AND NUMBER: 1038 W. Fayette Street

11. BIRTHPLACE (State or foreign country): Balto Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Emmett Jones

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): L

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Odessa Luck

70 7093

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): 634

17. SOCIAL SECURITY NO.

18. INFORMANT: Odessa Currence ADDRESS: 2018 W. Fayette St

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.): E965X

Gunshot wound of chest

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 4 North Carey Street 1901

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 7-10-70 7:45 P.M.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Shot during altercation

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 7/11/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/15/70

24C. NAME of CEMETERY or CREMATORY: Mt Auburn

24D. LOCATION (City, town, or county) (State): Balto City

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970

25B. NAME OF REGISTRAR: Robert E. Talbert M.D.

25C. FUNERAL DIRECTOR: D. Brown & Mr Montgomery ADDRESS: 1232 W

VS 151-REV. 1/1/68

N 875.1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. P-634 70 7098

REG. NO. 70 7098

1. NAME OF DECEASED (Type or Print): PRETLOW, Alvin Sylvester

2. DATE AND HOUR OF DEATH: 7/14/70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

23 Veterans Administration Hospital
3900 Loch Raven Boulevard
Baltimore, Maryland 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 1605

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 601 N Bentalow Avenue

5. SEX: Male

6. RACE: Negro

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 9/2/97

9. AGE (In years last birthday): 72

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): American Smelting Co

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Isah White Co., Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Adophus Pretlow

14. MOTHER'S MAIDEN NAME: Mammie Cox

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes

(If yes, give war or dates of service): 10/29/17 - 1/21/19

16. SOCIAL SECURITY NO.: 212-10-1108

17. INFORMANT: VA Hospital Records

ADDRESS: 3900 Loch Raven Blvd., Balto., Md 21218

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I 153.8

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of colon with metastasis

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Greater than 2 months

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from May 2nd 19 70 to July 14th 19 70 that (I) (we) last saw the deceased alive on July 14th 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) view the body after death.

23A. SIGNATURE: Stephen L. Winter DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 7/14/70

23C. PHYSICIAN'S NAME (Type): STEPHEN L. WINTER, M.D. DEGREE

23D. ADDRESS: 3900 Loch Raven Boulevard
Baltimore, Marylad 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-15-70

24C. NAME of CEMETERY or CREMATORY: Balto National

24D. LOCATION (City, town, or county) (State): Balto City

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: J. L. Brown & Son

ADDRESS: 225 W Montgomery St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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Bentalou St.

1

R-560 70 7099

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7099

BIRTH NO.

37/99

1. NAME OF DECEASED (Type or Print) MEYER REAMER	2. DATE OF DEATH Known ☐ Estimated ☐ Month Day Year Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MERCY HOSPITAL (DOA)	3. DATE PRONOUNCED DEAD Month Day Year Hour: July 10, 1970 4:20 PM.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: 2730
6. SEX: Male 7. RACE: White 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
9. DATE OF BIRTH: 2-9-1895 10. AGE (In years last birthday): 75 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	E. STREET AND NUMBER: 3300 Olympia Avenue
11. BIRTHPLACE (State or foreign country): RUSSIA 12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME: ISAAC REAMER
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ATTORNEY 14B. KIND OF BUSINESS OR INDUSTRY: AT LAW	15. MOTHER'S MAIDEN NAME: UNKNOWN
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service) 17. SOCIAL SECURITY NO.: 214-38-6305	18. INFORMANT: MRS. MINNIE REAMER ADDRESS: 3300 OLYMPIA AVE. #21215

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I

412.4

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No): no
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?

23.

I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum, M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 7/11/70

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL	24B. DATE: 7-12-70	24C. NAME of CEMETERY or CREMATORY: BETH EL MEMORIAL PARK	24D. LOCATION (City, town, or county) (State): RANDALLSTOWN, MARYLAND
25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970	25B. NAME OF REGISTRAR: Robert E. Faber, M.D.	25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.	ADDRESS: 6010 REISTERSTOWN ROAD

VS 151-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-460 70 7100 (FRITZ)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7100

1. NAME OF DECEASED (Type or Print): Israel Miller

2. DATE AND HOUR OF DEATH: 7/13/70 | 2 50 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital Baltimore Md 42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2833
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 5128 OAKLAWN ROAD #21207

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2-2-1899
9. AGE (In years last birthday): 71
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK - RETIRED
10B. KIND OF BUSINESS OR INDUSTRY: BETHLEHEM STEEL
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JACOB MILLER
14. MOTHER'S MAIDEN NAME: SOPHIE FEINBERG
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES
(If yes, give war or dates of service): W.W. I
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS. FLORENCE MILLER
ADDRESS: 5128 OAKLAWN ROAD #21207

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

410.94 I 250.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerotic Heart Disease
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Diabetes mellitus

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 7/13 19 70 to 7/13 19 70 that (I) (we) last saw the deceased alive on 7/13 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert Levy DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7/13/70
23C. PHYSICIAN'S NAME (Type): Robert I Levy DEGREE
23D. ADDRESS: 114 Medical Arts Bldg. Balt. Md

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-14-70
24C. NAME of CEMETERY or CREMATORY: PROGRESSIVE SICK BENEFIT & RELIEF ASSN.
24D. LOCATION (City, town, or county) (State): ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.
ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

BIRTH NO. K-452 70 7101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7101

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): KALLINSKY, MAURICE

2. DATE AND HOUR OF DEATH: JULY 13, 1970 | 12:36 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL OF BALTIMORE INC. 42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2854
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 4403 DUNLAND RD. #29

5. SEX: MALE
6. RACE: XXXXXXWHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: X-X-X
9. AGE (In years last birthday): 75
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CUTTER
10B. KIND OF BUSINESS OR INDUSTRY: CLOTHING
11. BIRTHPLACE (State or foreign country): BALTIMORE MARYLAND
12. CITIZEN OF WHAT COUNTRY? XXXXXXXXXXXUSA
13. FATHER'S NAME: JOSEPH KALLINSKY
14. MOTHER'S MAIDEN NAME: XXXXXXXXXX ISABELLE BRANSKY
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: FRANCES (W) ADDRESS: 4403 DUNLAND RD. TEL. LO-6-5043

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIAC ARREST — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JULY 11 19 70 to JULY 13 19 70 that (I) (we) last saw the deceased alive on JULY 13 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Sahasd Musikabhumma DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: JULY 13, 1970
23C. PHYSICIAN'S NAME (Type): SAHASCHAI MUSIKABHUMMA DEGREE
23D. ADDRESS: SINAI HOSPITAL OF BALTIMORE INC

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-14-70
24C. NAME of CEMETERY or CREMATORY: MOSES MONTIFIORE
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970
25B. NAME OF REGISTRAR: Robert E. Foster, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

BIRTH NO. C-500 70 7102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7102

1. NAME OF DECEASED (Type or Print): JULIUS I. COHEN

2. DATE AND HOUR OF DEATH: JULY 13, 1970 12:35 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITAL

31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 1538

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 3308 POWHATTAN AVENUE

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 12-27-1892

9. AGE (In years last birthday): 77

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SELF EMPLOYED

10B. KIND OF BUSINESS OR INDUSTRY: COIN OPERATED MACHINES

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSEPH COHEN

14. MOTHER'S MAIDEN NAME: DORA ABRAMOWITZ

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES

(If yes, give war or dates of service): W.W. I ARMY

16. SOCIAL SECURITY NO.:

17. INFORMANT: MR. SAM SILBER

ADDRESS: 10 LIGHT STREET, #21202

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

4121

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Myocardial Ischemia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO, OR AS A CONSEQUENCE OF:

(B) A-H-C V — ?

DUE TO, OR AS A CONSEQUENCE OF:

(C) Osteo-Myelitis — ?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Medical Examiner Refused.

19A. DATE OF OPERATION: None

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 25 1969 to July 12 1970, that (I) (we) last saw the deceased alive on July 12 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Mary McDonald DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 7/14/70

23C. PHYSICIAN'S NAME (Type): GEORGE MC DONALD DEGREE

23D. ADDRESS: 844 N. CAREY STREET, Balt, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 7-15-70

24C. NAME of CEMETERY or CREMATORY: BETH TFILOH

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.

ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

O-165 70 7103

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7103

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): O'Brien, George S., Jr.

2. DATE AND HOUR OF DEATH: 7/14/70 | 2:00 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital, 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2717
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4811 Park Heights Ave

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 3/11/88
9. AGE (In years last birthday): 82
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self Employed
10B. KIND OF BUSINESS OR INDUSTRY: Tavern Owner
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George O'Brien
14. MOTHER'S MAIDEN NAME: Rose Rexroth

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): YES
(If yes, give war or dates of service): 4/29/18 - 4/26/19
16. SOCIAL SECURITY NO.: 216-28-2150
17. INFORMANT: VA Hospital Records, Baltimore, Maryland 21218 — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 11 days
DUE TO, OR AS A CONSEQUENCE OF:
(B) ASCVD.
~~DUE TO, OR AS A CONSEQUENCE OF:~~
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Bilateral Pneumonia — 15 days

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/3/ 19 70 to July 14th 19 70 that (I) (we) last saw the deceased alive on July 14th 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Kenneth Marshall, J.M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7/15/70
23C. PHYSICIAN'S NAME (Type): JOSEPH K. MARSHALL, JR. M.D. DEGREE
23D. ADDRESS: 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/17/70.
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970
25B. NAME OF REGISTRAR: Robert E. Jaeber, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Kuck, Inc. Balto. Md. 21214 — ADDRESS: L. J. Kuck 5303 Harford Rd

VS 150-REV. 1/1/68

BIRTH NO. S-350 70 7104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7104

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Walter E. Stone

2. DATE AND HOUR OF DEATH: July 14, 1970. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4335 Nicholas Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2642
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4335 Nicholas Ave.

5. SEX: Male 6. RACE: White 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]

8. DATE OF BIRTH: Feb. 17, 1904 9. AGE (In years last birthday): 66 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Postal Clerk
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Stone
14. MOTHER'S MAIDEN NAME: Charlotte Chaney

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): W W 2
16. SOCIAL SECURITY NO.: 220-40-8971
17. INFORMANT: Mr. Gordon Stone ADDRESS: 6504 Loch Hill Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 011.2 For advanced Pulmonary T.B. — Years
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from April 15 19 70 to July 14 19 70 that (I) (we) last saw the deceased alive on June 12 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: William L. Fearing DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7-15-70
23C. PHYSICIAN'S NAME (Type): William L. Fearing DEGREE
23D. ADDRESS: 3025 Belair Rd Balt 21213

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/17/70.
24C. NAME of CEMETERY or CREMATORY: Baltimore National Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970
25B. NAME OF REGISTRAR: Robert L. Weber
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. ADDRESS: Balto. Md. 21214

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7105

BIRTH NO. M-240 70 7105

1. NAME OF DECEASED (Type or Print): Francis MARTIN MASKELL

2. DATE AND HOUR OF DEATH: JULY 12, 1970 5:30 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD: BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 HOUSE IN THE PINES BELVEDERE 2525 WEST BELVEDERE AVENUE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Balto. B. COUNTY: Md. 401
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 330 St. Paul Street

5. SEX: MALE
6. RACE: WHITE
7. MARITAL STATUS: NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH: 5/12/~~xx~~ 1890
9. AGE (In years last birthday): 80 ~~xx~~
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Tile Setter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: - Maskell
14. MOTHER'S MAIDEN NAME: - - -

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 217-07-6773
17. INFORMANT: Thomas W. Maskell ADDRESS: 4633 Harcourt Rd.

MEDICAL CERTIFICATION

18. 1538

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Generalized metastasis — 4 months
DUE TO, OR AS A CONSEQUENCE OF:
(B) Carcinoma of Colon — 1 yr.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from Feb 6 1970 to July 12 1970, that (I) ~~(we)~~ last saw the deceased alive on July 11 1970 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We) (did)~~ (did not) view the body after death.

23A. SIGNATURE: Alan B. Cohen DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7/13/70
23C. PHYSICIAN'S NAME (Type): Alan B. Cohen DEGREE
23D. ADDRESS: St. Paul & University Parkway

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/16/70
24C. NAME of CEMETERY or CREMATORY: Moreland Mem. Park
24D. LOCATION (City, town, or county) (State): Balto/ Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc. ADDRESS: Balto. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. K-626 70 7106 Registered No. 370 8 7406

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print) EMMA ANNA KRUGER Mrs Emma K Kruger

2. DATE AND HOUR OF DEATH 7/13/70 11:10 AM.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 48 Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Balto 2642
C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4403 Raven Ave.

5. SEX F
6. RACE W
7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) W
8. DATE OF BIRTH 1-25-91
9. AGE (In years last birthday) 79
If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10B. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Friedrich Beckhlitz
14. MOTHER'S MAIDEN NAME Maire Brozofsky

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) —
(If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 214-16-9659D
17. INFORMANT Mrs Katherine E Sylvester ADDRESS 6618 Loch Hill Rd

MEDICAL CERTIFICATION

18. I 433.9
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
(A) Cerebral edema ~~Hypostatic pneumonia~~
DUE TO Cerebral Infarcts Rt ~~CHF~~ & ~~Arteriosclerosis~~ Left Temporal lobes
(B)
DUE TO Arteriosclerotic cerebro-
~~CHF Arteriosclerosis~~
(C) vascular disease

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertension + Obesity.

19A. DATE OF OPERATION 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/18/ 1970 to 7/13 1970, that (I) (we) last saw the deceased alive on 7/13 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Meingruber M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED 7/13
23C. PHYSICIAN'S NAME (Type) B.G. MANEJWALA M.D.
23D. ADDRESS MOH. 525 Linden Ave

24A. BURIAL CREMATION, REMOVAL (Specify) Burial
24B. DATE 7/16/70
24C. NAME of CEMETERY or CREMATORY Oak Lawn
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. JUL 16 1970
25B. NAME OF REGISTRAR Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR Leonard J Ruck Inc. ADDRESS Baltimore, Maryland

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-613 70 7107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 7107

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Charles E. Krabitz

2. DATE AND HOUR OF DEATH: 7/14/70 11 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 So. Balto. Gen. Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 2101
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1110 Sterrett St.

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1/3/1901
9. AGE (In years lost birthday): 69
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Press operator
10B. KIND OF BUSINESS OR INDUSTRY: Balto. Office Supply
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Paul Krabitz
14. MOTHER'S MAIDEN NAME: Rose Kepe
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 216-01-1677A
17. INFORMANT: Mrs Catherine Krabitz
ADDRESS: above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
412.4	(A) IMMEDIATE CAUSE: Pulmonary infarction	1 week
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) ASCVD with CHF	7 mos
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-13 1970 to 7-14 1970 that (I) (we) last saw the deceased alive on 7-14 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J C Jimenez DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7-15-70
23C. PHYSICIAN'S NAME (Type): J.C. JIMENEZ, MD DEGREE
23D. ADDRESS: 101 S. Poppleton St. Balto. Md. 21201

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/18/70
24C. NAME of CEMETERY or CREMATORY: Glen Haven Cem.
24D. LOCATION (City, town, or county) (State): Glen Burnie, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: John J. Cavanaugh Dir.
ADDRESS: 26 Rollins St.

VS 150-REV. 1/1/68

1

H-246 70 7108 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 70 7108

1. NAME OF DECEASED (Type or Print): Elizabeth Hockler

2. DATE OF DEATH — Known ☐ Estimated ☐: Month 7, Day 12, Year 70, Hour 10:05 p.m.

3. DATE PRONOUNCED DEAD: Month 7, Day 12, Year 70, Hour 10:05 p.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): So. Balto. Gen. Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Md. B. COUNTY: Anne Arundel 52-01

6. SEX: female

7. RACE: White

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Brooklyn Heights ~~xxBaltxx~~

D. INSIDE CITY LIMITS? ~~xxxxYES~~ ☒ NO ☒

9. DATE OF BIRTH: June 21, 1901

10. AGE (In years last birthday): 69 — If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 5224 Wasena Ave. 21225

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Schmidt

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

14B. KIND OF BUSINESS OR INDUSTRY: Home

15. MOTHER'S MAIDEN NAME: Unknown

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Walter J. Hockler ADDRESS: 5224 Wasena Ave. 21225

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

412.4

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Lipkovic M.D.

EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ ASSOCIATE MEDICAL EXAMINER ☒

DATE SIGNED: 7/13/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/16/70

24C. NAME of CEMETERY or CREMATORY: Meadowridge

24D. LOCATION (City, town, or county) (State): Dorsey, Howard Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: McCully F.H. ADDRESS: 237 Patapsco Ave. 21225

VS 151-REV. 1/1/68

1

C-652 70 7109

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 7109

1. NAME OF DECEASED (Type or Print): Lee Leslie Cronise, SR.

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 7 Day 13 Year 70 Hour 12:50p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 106 S. Franklintown Rd.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2004

6. SEX: male

7. RACE: white

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 12-25-1901

10. AGE (in years last birthday): 68
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 106 S. Franklintown Rd.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lee Cronise

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Lydia Lentz

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Mrs. Katherine H. Cronise, 106 Franklintown Rd
ADDRESS: 21223

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

412.4

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Werner U. Spitz, M.D. M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

Deputy Chief Medical Examiner

DATE SIGNED: 7/14/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-16-1970

24C. NAME of CEMETERY or CREMATORY: Lorraine Park Cemetery

24D. LOCATION (City, town, or county) (State): Woodlawn, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970

25B. NAME OF REGISTRAR: Robert E. Haber, M.D.

25C. FUNERAL DIRECTOR: Howard H. Hubbard
ADDRESS: 4107 Wilkens Ave. 21229

VS 151-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. O-624 70 7110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7110

1. NAME OF DECEASED (Type or Print): Florence Arietta Oursler

2. DATE AND HOUR OF DEATH: 7/14/70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): D. O. A. South Baltimore Gen. Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Anne Arundel 52-00
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 5315 4th. Street 21225

5. SEX: Female 6. RACE: White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: August 1, 1906 9. AGE (In years last birthday): 63 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife (housework) 10B. KIND OF BUSINESS OR INDUSTRY: Self employed 11. BIRTHPLACE (State or foreign country): Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William P. Poe 14. MOTHER'S MAIDEN NAME: Alice R. Murray

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Marshall B. Oursler ADDRESS: 5315 4th. St. 21225

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Acute Myocardial Infarction — 1 hr.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerotic Heart Disease — 10 years
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Dec 2 1950 to July 14 1970, that (I) (we) last saw the deceased alive on July 10 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Benjamin Berdann DEGREE Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐ 23B. DATE SIGNED: July 15 1970

23C. PHYSICIAN'S NAME (Type): Benjamin Berdann, M.D. DEGREE 23D. ADDRESS: 615 Hammonds Lane Balto. Md. 21225

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 7/17/70 24C. NAME of CEMETERY or CREMATORY: Glen Haven Memorial Park 24D. LOCATION (City, town, or county) (State): Balto., A.A. County Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970 25B. NAME OF REGISTRAR: Robert E. Tarbey M.D. 25C. FUNERAL DIRECTOR: McCully F. H. ADDRESS: 237 Patapsco Ave. 21225

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7111

BIRTH NO. P-200 70 7111

1. NAME OF DECEASED (Type or Print): JEAN B. PUSEY

2. DATE AND HOUR OF DEATH: 7/13/70 9:45 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): S. Baltimore General Hospital, 3001 S. Hanover Street

43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 2544

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3833 - 8th Street. 21225

5. SEX: Female

6. RACE: W

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 10/13/[redacted]26

9. AGE (In years last birthday): 43

If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alex McLemore

14. MOTHER'S MAIDEN NAME: Georgia (McDaniel)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Chart

ADDRESS

MEDICAL CERTIFICATION

18. 394.9

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CEREBRAL EMBOLUS. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

(B) RHEUMATIC HEART DISEASE

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

MITRAL VALVE PROSTHESIS

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES HEART ONLY

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/11/70 19 70 to 7/13 19 70, that (I) (we) last saw the deceased alive on 7/13/70 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: I Spinoza DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type): I SPINOZA DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/16/70

24C. NAME of CEMETERY or CREMATORY: Gardens of Faith

24D. LOCATION (City, town, or county) (State): Baltimore Baltimore County, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970

25B. NAME OF REGISTRAR: Robert E. Talley, M.D.

25C. FUNERAL DIRECTOR: McCully F.H.

ADDRESS: 237 Patapsco Ave. 21225

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

K-452

BIRTH NO.

M.E. CASE NO. 70 7112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 70 7112

1. NAME OF DECEASED (Type or Print): Mr William KOLOMAZNIK

2. DATE AND HOUR OF DEATH: 7/12/70 7-55 P M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital

48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md B. COUNTY: Balto. 701
C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 805 N. Carey St.

5. SEX: M
6. RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): M
8. DATE OF BIRTH: 7/29/05
9. AGE (In years last birthday): 64
If Under 1 Yr. Months Days
If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Payroll clerk
10B. KIND OF BUSINESS OR INDUSTRY: Gas + Electric Co
11. BIRTHPLACE (State or foreign country): Chez.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Kolomaznik
14. MOTHER'S MAIDEN NAME: Anna Caplan

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes
(If yes, give war or dates of service): ?
16. SOCIAL SECURITY NO.: 212-05-6297
17. INFORMANT: Sophie Hacker Kolomaznik, Wife
ADDRESS: above

MEDICAL CERTIFICATION

1B. 410.9 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction
DUE TO
(B) Pulmonary Emboli
DUE TO
(C) ASCVD + CHF

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/1/70 19 70 to 7/12 19 70, that (I) (we) last saw the deceased alive on 7/12 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Manegueda M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7/12

23C. PHYSICIAN'S NAME (Type): B. O. MANEKWALA M.D.
23D. ADDRESS: MGH 827 Linden Ave

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/16/70
24C. NAME of CEMETERY or CREMATORY: Bohemian National Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

P-600

BIRTH NO. 70 7113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7113

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): John E. Pfarr (Rookey)

2. DATE AND HOUR OF DEATH: July 12 - 1970 | 4:45 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 90
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Midtown Home, Inc. 808 St. Paul Street Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 804
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2114 E. Mura Street

5. SEX: M Male
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 19 3/8/88
9. AGE (In years last birthday): 82
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sexton
10B. KIND OF BUSINESS OR INDUSTRY: Martin Luth. Church
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: Serra Smith

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes
(If yes, give war or dates of service): WW1 Army
16. SOCIAL SECURITY NO.: 216-01-3781
17. INFORMANT: Mrs. Margaret Pfatt, wife, above
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardio Respiratory Failure
DUE TO, OR AS A CONSEQUENCE OF: Art CVHD.
(B) Senility - C.B.S
DUE TO, OR AS A CONSEQUENCE OF:
(C) Primary Septicemia

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 5/13/59 19 to July 12 19 70, that (I) (we) last saw the deceased alive on 19 and that in (my) ([redacted]) opinion death occurred on the date and hour and from the causes stated above. (I) ([redacted]) (did not) view the body after death.

23A. SIGNATURE: William D Applefeld DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): William D Applefeld DEGREE
23D. ADDRESS: 6615 Reisterstown Rd

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/15/70
24C. NAME of CEMETERY or CREMATORY: Balto. Nat. Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 2601 E. Madison St.

VS 150-REV. 1/1/68

G-650 70 7114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

70 7114

BIRTH NO. REG. NO.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Green, Bernice Williamson

2. DATE AND HOUR OF DEATH: 7-15-70 6:15 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, 1514 Divison Street, Baltimore, Maryland 21217

39

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2006
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 29 S. Rosedale St.

5. SEX: Female 6. RACE: Negro 7. MARITAL STATUS: MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 4-16-09 9. AGE (In years last birthday): 61 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HouseWife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jesse Williamson
14. MOTHER'S MAIDEN NAME: Amanda Grandison

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 218 18 4098
17. INFORMANT: Mr. Frank Green-Husband ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Congestive Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Cor Pulmonale — undetermined
DUE TO, OR AS A CONSEQUENCE OF:
(C) Chronic Pulmonary Disease — "

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: None
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-10-70 19 to 7-15-70 19 that (I) (we) last saw the deceased alive on 7-15-70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: G. Webster Sewell DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: July 15, 1970
23C. PHYSICIAN'S NAME (Type): WEBSTER SEWELL MD DEGREE
23D. ADDRESS: 1514 Divison Street Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Removal
24B. DATE:
24C. NAME of CEMETERY or CREMATORY: Rising Mt. Zion Cemetery
24D. LOCATION (City, town, or county) (State): Prince George County, Va.

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: M. P. Hogan & Bland Funeral Home ADDRESS: Petersburg Va

VS 150-REV. 1/1/68

B-650 70 7115

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7115

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): MARY BROWN

2. DATE AND HOUR OF DEATH: MAY 26, 1970 11:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): HARBOR VIEW NURSING AND CONVALESCENT CENTER

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1501
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1326 GILMOR STREET

5. SEX: FEMALE 6. RACE: NEGRO 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 4/15/02 9. AGE (In years last birthday): 68 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-22-6336
17. INFORMANT
ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Standstill — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

DUE TO, OR AS A CONSEQUENCE OF: A.S.C.V.D. Coronary Sclerosis

(B) Cerebral Vascular Accident

DUE TO, OR AS A CONSEQUENCE OF: Lt Hemiplegia

(C) Malnutrition

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Chronic Brain Syndrome

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 2/13 1970 to 5/26 1970 that (I) (~~we~~) last saw the deceased alive on 5/26 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (~~did~~) (~~did not~~) view the body after death.

23A. SIGNATURE: Kenneth Krulewitz MD DEGREE — Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 5/27/70
23C. PHYSICIAN'S NAME (Type): Kenneth Krulewitz MD DEGREE
23D. ADDRESS: 115 W. Monument St. Balto Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 2/16/70
24C. NAME of CEMETERY or CREMATORY: Mt. Calvert Cemetery
24D. LOCATION (City, town, or county) (State): Snow Hill Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970
25B. NAME OF REGISTRAR: Pablo E. Farber M.D.
25C. FUNERAL DIRECTOR: Irvin S. Carroll
ADDRESS: 1712 W. North Ave

VS 150-REV. 1/1/68

B-650

BIRTH NO. 70 7116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. [redacted] 70 7116

1. NAME OF DECEASED (Type or Print): BROWN BEATRICE B

2. DATE AND HOUR OF DEATH: July 2 1970 7 24 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): HARBOR VIEW NURSING HOME

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY: 1303

C. CITY OR TOWN: BALTO

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 2252 MADISON AVE

5. SEX: F

6. RACE: N

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 3/25/11

9. AGE (In years last birthday): 59

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY: 216-34-2142

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MEDICAL CERTIFICATION

18. 440.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Congestive heart failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: several months

DUE TO, OR AS A CONSEQUENCE OF:

(B) arteriosclerosis — several years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

Psychotic Reaction — several months

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 5 5 1970 to 7 2 1970 that (I) (we) last saw the deceased alive on 6 14 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E. Ellsworth Cook DEGREE

Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 7-2-70

23C. PHYSICIAN'S NAME (Type): E. Ellsworth Cook M.D. DEGREE

23D. ADDRESS: 2431 Mt. Ave. Balt. Md 21215

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/15/70

24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cemetery

24D. LOCATION (City, town, or county) (State): Cedar Hill, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: [illegible]

ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

57-13-19 JD 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. L-100 70-10764 70 7117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. [redacted] 70 7117

1. NAME OF DECEASED (Type or Print): LOVE, BABY BOY

2. DATE AND HOUR OF DEATH: 6-28-70 11:20 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Ave., Baltimore, Md. 21224
31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1509
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2218 Mt. Holley Street

5. SEX: Male
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 6-28-70
9. AGE (In years lost birthday): NB
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.: 5
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: April Lesine Love
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: BCH Records: ADDRESS: 4940 Eastern Ave. Baltimore, Md. 21224

MEDICAL CERTIFICATION

CAUSE OF DEATH

I
1B. 776.9
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: PULMONAR INSUFICIENCY.
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) INMATURITY.
DUE TO, OR AS A CONSEQUENCE OF:

(C) —

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2.
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/28 1970 to 6/28 1970 that (I) (we) last saw the deceased alive on 6/28 1970. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. Alvarez DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 6/28/70
23C. PHYSICIAN'S NAME (Type): DR. M. ALVAREZ MD DEGREE
23D. ADDRESS: Baltimore City Hospitals, 4940 Eastern Ave. Baltimore, Md. 21224

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: June 30, 1970
24C. NAME of CEMETERY or CREMATORY: Baltimore City Hospitals
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland 21224

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: HOSPITAL DISPOSAL
ADDRESS

VS 150-REV. 1/1/68

57-13-19 JD

Maryland

Baltimore City Hospitals
4940 Eastern Ave.
Baltimore, Md. 21224

Baltimore XX

2218 Mt. Holley Street

XX

ale epro

MARYLAND U.S.A.

April Lesine Love

BCH Records: 4940 Eastern Ave.
Baltimore, Md. 21224

Baltimore City Hospitals
4940 Eastern Ave. Baltimore, Md. 21224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 4350 70 7118

REG. NO. [redacted] 70 7118

1. NAME OF DECEASED (Type or Print): Anita Hutton

2. DATE AND HOUR OF DEATH: July 11, 1970 | 5:50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hosp. 33 rd & Calvert Sts.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 1205

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 317 E. North Ave.

5. SEX: Female 6. RACE: Caucasian 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH 9. AGE (In years last birthday): 64 If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: late August Korn

14. MOTHER'S MAIDEN NAME

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-36-7920

17. INFORMANT: Wm. Beery Jr. ADDRESS: 41 Oaks Rd Ellicott Cty.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardio-pulmonary failure

DUE TO, OR AS A CONSEQUENCE OF:

(B) multiple rib fractures

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 317 E North Ave 1205

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 6-20-70 5:30 A

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☒

21F. HOW DID INJURY OCCUR? Fell at house

22. I certify that (I) (this hospital) attended the deceased from June 20 1970 to July 11 1970 that (I) (we) last saw the deceased alive on July 11 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R Kornitzer DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: July 11, 1970

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/15/70

24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: Howard Co. Fun. Home of Harry H. Witzke ADDRESS: Ellicott City, Md.

VS 150-REV. 1/1/68

This body has been released with approval by the medical examiner (Dr. R. Kornitzer)

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. F-632 70 7119

REG. NO. [redacted] 70 7119

1. NAME OF DECEASED (Type or Print): Norman F. Fritze

2. DATE AND HOUR OF DEATH: 7/14/70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): HOSPITAL OR INSTITUTION: 7-20-70; 108 Sorrento Ave.

CERTIFICATE AMENDED

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 2864
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 108 Sorrento Avenue

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 3/16/00
9. AGE (In years last birthday): 70 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Florist
10B. KIND OF BUSINESS OR INDUSTRY: Florist self employed
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Francis Fritze
14. MOTHER'S MAIDEN NAME: Marie ~~Zimm~~ Zimmerman
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 215-10-7913
17. INFORMANT: Mrs. Norman F. Fritze, 108 Sorrento Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1B. 412.1

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ASCVD with Congestive Heart Failure — 2 years

DUE TO, OR AS A CONSEQUENCE OF:

(B) Severe Emphysema — 10 years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from October 19 68 to July 14, 1970, that (I) (~~we~~) last saw the deceased alive on July 14, 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: James E. Rowe MD DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/14/70
23C. PHYSICIAN'S NAME (Type): Dr. James E. Rowe DEGREE
23D. ADDRESS: 5550 Baltimore National Pike

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/17/70
24C. NAME of CEMETERY or CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970
25B. NAME OF REGISTRAR: Robert E. [illegible], M.D.
25C. FUNERAL DIRECTOR: Witzke, 1630 Edmondson Ave., 21228

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

S-200 70 7120

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7120

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LOUIS J. SCIESZKA

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year July 14, 1970 Hour 1:55 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
43 SOUTH BALTO. GENERAL HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 202
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 102 S. Wolfe Street

6. SEX: Male
7. RACE: White
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 8/15/15
10. AGE (In years last birthday): 54
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Scieszka

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Burner
14B. KIND OF BUSINESS OR INDUSTRY: Steel Tank Mfg.
15. MOTHER'S MAIDEN NAME: Mary Rusinek

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) WW II
17. SOCIAL SECURITY NO. 215-05-5560
18. INFORMANT: Mrs. Anna Scieszka, 102 S. Wolfe Street ADDRESS

MEDICAL CERTIFICATION

19. 4124 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23.
I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE [signature] M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 7/15/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/17/70
24C. NAME of CEMETERY or CREMATORY: Gardens of Faith
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: M. F. SADOWSKI & SONS, 1808 EASTERN AVE ADDRESS

VS 151-REV. 1/1/68

F-624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7121 REG. NO. 70 7121

1. NAME OF DECEASED (Type or Print): Agnes Lamb Frizell

2. DATE AND HOUR OF DEATH: July 14, 1970 | 12 noon M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 2442 Guilford Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1203
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2442 Guilford Avenue

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 4-22-1880
9. AGE (In years last birthday): 90 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret'd. Clerk Credit
10B. KIND OF BUSINESS OR INDUSTRY: Off. Hutzler's Bros. Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Frizell
14. MOTHER'S MAIDEN NAME: Ellen C.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-07-4709
17. INFORMANT: Miss Mary Lamb ADDRESS: Same

MEDICAL CERTIFICATION

18. 410.9 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Myocardial infarction — immediate
DUE TO, OR AS A CONSEQUENCE OF:
(B) arteriosclerosis — several yrs.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-10- 1950 to July 14 1970 that (I) (we) last saw the deceased alive on July 13 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E. Ellsworth Cook M.D. DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7-15-70
23C. PHYSICIAN'S NAME (Type): Dr. E. Ellsworth Cook M.D. DEGREE
23D. ADDRESS: 2431 Maryland Avenue

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-17-70
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co. ADDRESS: 4905 York Road Balto., Md. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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J-236

70 7122

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7122

BIRTH NO.

43
99

1. NAME OF DECEASED (Type or Print): Lutetia ~~XXXXXX~~ JESTER

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: July, Day: 9, Year: 1970, Hour: 1:20 P.M.

3. DATE PRONOUNCED DEAD — Month: July, Day: 9, Year: 1970, Hour: 1:20 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Montgomery 6500

6. SEX: Female
7. RACE: White
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

C. CITY OR TOWN: Gaithersburg ~~XXXXXXXX~~
D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: July 18, 1886
10. AGE (In years last birthday): ~~86~~ 83
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 7 Montgomery Ave., Gaithersburg, Md., ~~XXXXXXXXXXXXXXXX~~

11. BIRTHPLACE (State or foreign country): ~~XXXXXXXXX~~ Indiana
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Platt. B. Dickson

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14B. KIND OF BUSINESS OR INDUSTRY: Own home
15. MOTHER'S MAIDEN NAME: Mary P. Hendricks

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 577-10-7248-D
18. INFORMANT: Mrs. Martha L. Savary - 7 Montg. Ave., Md.
ADDRESS: Gaithersburg

MEDICAL CERTIFICATION

19. 412.4

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: July 9, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 13, 1970
24C. NAME of CEMETERY or CREMATORY: George Washington Cemetery
24D. LOCATION (City, town, or county) (State): Adelphi P.G. Md.,

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Warner E. Pumphrey, Inc., C. Glen Carter
ADDRESS: 8434 Ga. Ave., S.S. Md.

VS 151-REV. 1/1/68

B-6201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7123

BIRTH NO. 70 7123

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): William F. Bruschey

2. DATE AND HOUR OF DEATH: July 13, 1970 — 2 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 34 Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1902
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1331 West Pratt Street 21223

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5/6/00
9. AGE (In years last birthday): 70
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator
10B. KIND OF BUSINESS OR INDUSTRY: Balto Transit Co
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph Bruschey
14. MOTHER'S MAIDEN NAME: Ella Adams
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-10-2594
17. INFORMANT: William C. Bruschey
ADDRESS: 1408 Ramsay St. 21223

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

410.9

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerotic Heart Disease — 1 1/2 years
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/6 1962 to 7/13 1970, that (I) (we) last saw the deceased alive on 4/18 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: John P. Urlock Jr MD — DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/14/70
23C. PHYSICIAN'S NAME (Type): JOHN P. URLOCK JR MD — DEGREE
23D. ADDRESS: 1227 Washington Blvd

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/17/70
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore City, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: Walters Funeral Home
ADDRESS: Pratt & Stricker Streets 21223

VS 150-REV. 1/1/68

1

G-100

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 7124 REG. NO. 70 7124

1. NAME OF DECEASED (Type or Print): Dennis Goeb (DENNIS A. GOEB)

2. DATE OF DEATH: Known ☐ Estimated ☐ Month 7 Day 12 Year 70 Hour 7:30 p.m.

3. DATE PRONOUNCED DEAD: Month 7 Day 12 Year 70 Hour 7:30 p.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 31 City Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore 5300
C. CITY OR TOWN: Dundalk 66166. D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 7813 West ~~Callahan Rd.~~ Collingham Rd. #22

6. SEX: male
7. RACE: White
8. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: June 27, 1944
10. AGE (In years last birthday): 26 (If Under 1 Yr. Months, Days, Hours, Min.)
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Andrew L. Goeb
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co.
15. MOTHER'S MAIDEN NAME: Clara E. Riley
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service): —
17. SOCIAL SECURITY NO.: 218-42-5209
18. INFORMANT: Andrew L. Goeb ADDRESS: 415 Elrino St., Balto., 24, Md.

MEDICAL CERTIFICATION

19. N812.2 I

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple injuries
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Road
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Old North Pt Rd. & Lodge Lodge Forest Rd. 5300
22D. TIME OF INJURY (APPROX.): (Month) 7 (Day) 12 (Year) 70 (Hour) 7:00 p.m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Subject operator of a motorcycle, failed to negioate a turn crossed double yellow line into path of a car.

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒
DATE SIGNED: 7/13/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-16-70
24C. NAME of CEMETERY or CREMATORY: Sacred Heart Cemetery
24D. LOCATION (City, town, or county) (State): 7401 German Hill Rd., Ba. Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Charles A. Zeiler ADDRESS: 6224 Eastern Ave. Balto., 21224, Md.

VS 151-REV. 1/1/68

N869.0

THAYER

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. K-510 70 7125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. X 70 7125

1. NAME OF DECEASED (Type or Print): EARL T. KEMP

2. DATE AND HOUR OF DEATH: 13 JULY 1970 | 10:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3 The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Allegany 5/22
C. CITY OR TOWN: Frostburg
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 11 W. Main Street

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 10-09-10
9. AGE (In years last birthday): 59
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OWNER & MANAGER
10B. KIND OF BUSINESS OR INDUSTRY: HOTEL
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William T. Kemp
14. MOTHER'S MAIDEN NAME: Sarah E. Miller

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-16-4051
17. INFORMANT: MRS. GENEVIEVE B. KEMP, ADDRESS: FROSTBURG, MD. 21532

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 410.9

(A) IMMEDIATE CAUSE: MYOCARDIAL INFARCTION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 hour

DUE TO, OR AS A CONSEQUENCE OF:

(B) CORONARY ARTERY DISEASE — 10 years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): VENTRICULAR ANEURYSM 2° PREVIOUS M.I.

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 7-11-70 19 to 7-13 19 70 that (I) (~~we~~) last saw the deceased alive on 7-13 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Steven E Rubin MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7-13-70
23C. PHYSICIAN'S NAME (Type): STEVEN E RUBIN DEGREE
23D. ADDRESS: JOHNS HOPKINS HOSPITAL, BALTIMORE, MD.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7/17/70
24C. NAME of CEMETERY or CREMATORY: FROSTBURG MEMORIAL PARK
24D. LOCATION (City, town, or county) (State): FROSTBURG, MD.

25A. DATE REC'D BY HEALTH DEPT.: JUL 16 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: JOSEPH R. DURST, ADDRESS: FROSTBURG, MD. 21532

VS 150-REV. 1/1/68

M-240 70-9699 7126

BIRTH NO. 70-9699 7126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7128 4

1. NAME OF DECEASED (Type or Print): Baby Girl Moxley

2. DATE AND HOUR OF DEATH: 6/8/70 10:12 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL OF BALTIMORE, INC

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 2719
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 5815 WINNER AVE

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6/8/70 0:55 2m
9. AGE (In years last birthday)
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min. 17 min
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): BALTO, Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: THOMAS
14. MOTHER'S MAIDEN NAME: PATRICIA
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JORGE SRABSTEIN, MD
ADDRESS: SINAI HOSP.

MEDICAL CERTIFICATION

18. 769.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: PREMATURITY — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 17 min.

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): 0
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/8/70 0:55 2m 19 ____ to 6/8/70 10:12 19 ____ that (I) (we) last saw the deceased alive on 6/8/70 10:12 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jorge C Sabstein MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 6/8/70
23C. PHYSICIAN'S NAME (Type): JORGE SRABSTEIN MD DEGREE
23D. ADDRESS: ANATOMY BOARD OF MARYLAND

24A. BURIAL CREMATION, REMOVAL (Specify)
24B. DATE: 7-13-70
24C. NAME of CEMETERY or CREMATORY: UNIVERSITY MEDICAL SCHOOL
24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970
25B. NAME OF REGISTRAR: Robert E. Farley M.D.
25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD
ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH No. M-240 70 7127 70-9698

REG. NO. 70 7127 4

1. NAME OF DECEASED (Type or Print): Baby Boy Moxley

2. DATE AND HOUR OF DEATH: 6/8/70 11:30 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL OF BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: 5815 Winner Ave, Balto Md

B. COUNTY:

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 5815 Winner Ave 2719

5. SEX: M

6. RACE: W

7. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 6/8/70

9. AGE (In years last birthday): If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.: 7am

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE, Md

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Thomas Moxley

14. MOTHER'S MAIDEN NAME: Patricia Benson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Jorge Srabstein

ADDRESS: Sinai Hosp.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 769.4

(A) IMMEDIATE CAUSE: Prematurity

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner): ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?:

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 6/8/70 10am 19 to 6/8/70 11:30am 19 that ~~(I)~~ (we) last saw the deceased alive on 6/8/70 19 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Jorge Srabstein MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 6/8/70

23C. PHYSICIAN'S NAME (Type): Jorge Srabstein MD DEGREE

23D. ADDRESS: Sinai Hospital of Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify):

24B. DATE: 7-13-70

24C. NAME of CEMETERY or CREMATORY:

24D. LOCATION (City or Town) (County) (State):

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970

25B. NAME OF REGISTRAR: Robert E. Farber M.D.

25C. FUNERAL DIRECTOR:

ADDRESS:

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-260 70 7128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7128

1. NAME OF DECEASED (Type or Print): BOOKER, CARROLL M.

2. DATE AND HOUR OF DEATH: 9.25 PM 5th July 1970

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital C2 44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1204
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 409 E. 22nd ST BALTIMORE MARYLAND 21218

5. SEX: M
6. RACE: Negro
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 06-03-93
9. AGE (In years last birthday): 77
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: UNEMPLOYED
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Not known
14. MOTHER'S MAIDEN NAME: Not known
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): (If yes, give war or dates of service): ?
16. SOCIAL SECURITY NO.: 212-03-0495
17. INFORMANT: Same as his Mrs Beulah EPPS ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: GRAM NEGATIVE BACTERIAL PNEUMONIA — Approximate interval between onset and death: 1 week
DUE TO, OR AS A CONSEQUENCE OF:
(B) CACHEXIA SECUNDARY TO MALNUTRITION
DUE TO, OR AS A CONSEQUENCE OF:
(C) POSSIBLE ABSCESS OF R LUNG:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-03 1970 to 7-05 1970 that (I) (we) last saw the deceased alive on 7-05 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: I. Cheikh DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): ISSAM E. CHEIKH DEGREE
23D. ADDRESS: ANATOMY BOARD OF MARYLAND UNIVERSITY MEDICAL SCHOOL

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: 7-13-70
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City, town, county) (State):

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD ADDRESS:

VS 150-REV. 1/1/68

BIRTH NO. W-525 70 7129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 7129

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): WEINKNECHT, LOUIS FREDERICK

2. DATE AND HOUR OF DEATH: JULY 13, 1970 9:50 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: ANNE ARUNDEL 52-00
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 611 BRIAN STREET

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 12 28 11
9. AGE (In years last birthday): 58 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ROUTE SALESMAN
10B. KIND OF BUSINESS OR INDUSTRY: BAKERY
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: FREDERICK WEINKNECHT
14. MOTHER'S MAIDEN NAME: ANNA TROMUPETER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES (If yes, give war or dates of service): WORLD WAR 2
16. SOCIAL SECURITY NO.: 217 09 6695
17. INFORMANT: ST AGNES RECORDS ADDRESS: BALTO MD 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

411.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary edema
DUE TO, OR AS A CONSEQUENCE OF:
(B) Congestive heart failure
DUE TO, OR AS A CONSEQUENCE OF:
(C) Severe coronary insufficiency

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JULY 11 19 70 to JULY 13 19 70 that (I) (we) last saw the deceased alive on JULY 13 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Pricha Boonswang M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7-14-70
23C. PHYSICIAN'S NAME (Type): PRICHA BOONSWANG M.D. DEGREE
23D. ADDRESS: WILKENS & CATON AVES. BALTO MD 21229

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/17/70
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: George J. Gonce ADDRESS: 4001 Ritchie Hgy. Baltimore, Md. 21225

VS 150-REV. 1/1/68

BIRTH NO. B-630 70 7130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 7130

1. NAME OF DECEASED (Type or Print): JAMES EDWARD BRATT SR

2. DATE AND HOUR OF DEATH: 7-16-70 4:25a M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SOUTH BALTIMORE GENERAL HOSP

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 21122 52-00
C. CITY OR TOWN: PASADENA ~~BALTIMORE~~
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 207B Grandview Dr Rt 1

5. SEX: Male
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 5-18-99
9. AGE (In years last birthday): 71
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAINTER
10B. KIND OF BUSINESS OR INDUSTRY: Painting
11. BIRTHPLACE (State or foreign country): BALTIMORE
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: ?Unknown Bratt
14. MOTHER'S MAIDEN NAME: ANNIE COLEMAN.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Roy Gray
ADDRESS: Box 230 Rt. 2 Reisterstown Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — 540.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: PERITONITIS
DUE TO, OR AS A CONSEQUENCE OF:
(B) RUPTURED APPENDICITIS
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 7-8-70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Acute Abdomen.
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 7-7-70 4:10pm 1970 to 7-16-70 4:25 ~~am~~, that ~~(I)~~ (we) last saw the deceased alive on 4:25 am at 7-16-1970 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: [signature] MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7-16-70.
23C. PHYSICIAN'S NAME (Type): HENRY CHEN MD DEGREE
23D. ADDRESS: 3001 S. Hanover St Balt Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7 20 70
24C. NAME of CEMETERY or CREMATORY: Wesley Chapel
24D. LOCATION (City, town, or county) (State): Rock Hall, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: [signature]
ADDRESS: 130 E. Fort Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-241

BIRTH NO. 70 7131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 7131

1. NAME OF DECEASED (Type or Print): HASLBECK, Matthew Francis

2. DATE AND HOUR OF DEATH: 11 JULY 1970 | 7:50Pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

VETERANS ADMINISTRATION HOSPITAL
23 3900 LOCH RAVEN BOULEVARD
BALTIMORE, MARYLAND 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND
B. COUNTY: BALTIMORE, ~~XXXXX~~ 53-00
C. CITY OR TOWN: BALTIMORE, ~~XXXXX~~ 21220
D. INSIDE CITY LIMITS? ~~XXXXX~~ NO [X]
E. STREET AND NUMBER: 1953 HOLBORN ROAD

5. SEX: MALE
6. RACE: CAUCASION
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: 8-21-00
9. AGE (In years last birthday): 69 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TAXI CAB
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: MATTHEW HASLBECK
14. MOTHER'S MAIDEN NAME: SUSIE SUMMERS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES (If yes, give war or dates of service): 7- -18 TO - -19
16. SOCIAL SECURITY NO.: 217-01-66-57
17. INFORMANT: VA HOSPITAL RECORDS — ADDRESS: 3900 LOCH RAVEN BLVD, BALTO MD 21218

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 410.9

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Myocardial infarction massive
DUE TO, OR AS A CONSEQUENCE OF:
(B) Thrombus, anterior descending coronary artery, recent
DUE TO, OR AS A CONSEQUENCE OF:
(C) Atheosclerosis, marked

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Congestion, passive, acute, marked of lungs, liver, & kidneys

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6 JULY 19 70 to 11 JULY 19 70 that (I) (we) last saw the deceased alive on 11 JULY 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Marvin J. Gordon, M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7/13/70
23C. PHYSICIAN'S NAME (Type): MARVIN J. GORDON, M.D. DEGREE
23D. ADDRESS: 3900 LOCH RAVEN BLVD BALTO, MD 21218

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-15-70
24C. NAME of CEMETERY or CREMATORY: Loudon Park National Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970 Robert E. Farber, M.D.
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR: William E. Johnson — ADDRESS: 8521 Loch Raven Blvd. Balto., Md. 21204

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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Y-520 70 7132 BALTIMORE CITY HEALTH DEPARTMENT X 70 7132

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO.

BIRTH NO. Earl

1. NAME OF DECEASED (Type or Print) JAMES YOUNG

2. DATE OF DEATH Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD Month Day Year July 14,1970 Hour 7:30 A M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
SOUTH BALTO.GENERAL HOSPITAL

43

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE Maryland VA. B. COUNTY V-43
C. CITY OR TOWN HARRISONBURG Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER 341 N. Main St.Harrisonburg Va. ~~218 E. Church Hill Street~~

6. SEX Male
7. RACE White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
9. DATE OF BIRTH Oct.28,1894
10. AGE (In years last birthday) 75 ~~84~~ If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) New Mexico
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Franklin Young
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Street Cleaner
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME Amanda Harris
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT Jim Devierl ADDRESS 3303 S.Gate Dr.Alexandria ,Va.

MEDICAL CERTIFICATION

19. 412.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No) no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type) Ronald N. Kornblum,M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED 7/15/70

24A. BURIAL CREMATION, REMOVAL (Specify) Burial
24B. DATE 7-16-70
24C. NAME of CEMETERY or CREMATORY Staunton National Cemetery
24D. LOCATION (City, town, or county) (State) Augusta Co.Staunton,Va

25A. DATE REC'D BY HEALTH DEPT. JUL 17 1970 Robert E. Faber, M.D.
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR Hubbard Funeral Home Inc. ADDRESS 4107 Wilkens Ave.

VS 151-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. D-526 70-12440 70 7133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7133

1. NAME OF DECEASED (Type or Print) Michael John Dunkerly
Baby Boy Dunkerly

2. DATE AND HOUR OF DEATH 7/13/70 11 50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
South Baltimore General Hosp
43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY 1902
C. CITY OR TOWN Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER 317 S Norris Street

5. SEX Male
6. RACE White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 7/13/70
9. AGE (In years lost birthday) Premature
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours 7 Min. 0

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10B. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME ? Unknown
14. MOTHER'S MAIDEN NAME Deborah L. Dunkerly

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS
Mr. John F. Dunkerly, 317 S. Norris St. 21223

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Immaturity — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 7 hours
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED —
20A. AUTOPSY? (Yes or No) Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7 30 AM 7/13 1970 to 11 50 PM 7/13 1970 that (I) (we) last saw the deceased alive on 7/13 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Eleanor L Noon MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED 7/13/70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify) Burial
24B. DATE 7-16-1970
24C. NAME of CEMETERY or CREMATORY Glen Haven Cemetery
24D. LOCATION (City, town, or county) (State) GlenBurnie, Anne Arundel Co., Md.

25A. DATE REC'D BY HEALTH DEPT. JUL 17 1970
25B. NAME OF REGISTRAR Robert E. Farley M.D.
25C. FUNERAL DIRECTOR Howard H. Hubbard
ADDRESS 4107 Wilkens Ave, 21229

VS 150-REV. 1/1/68

57-23-55 djb 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

A-450 Balto Co. Md. 70 7134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 7134

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ALLEN ~~BABY GIRL~~ Mamie - Susan

2. DATE AND HOUR OF DEATH: July 15, 1970 3:18 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BCH 31 4940 EASTERN AVENUE Baltimore, Maryland, 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 53-00
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Box 771 Beck Avenue 21221

5. SEX: Female
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7-14-70
9. AGE (In years last birthday): If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 26 Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Allen
14. MOTHER'S MAIDEN NAME: Susan Allen
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Records: BCH ADDRESS: 4940 Eastern Ave. Balto. MD 21224

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 776.2 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory distress syndrome — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 24h
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-14-70 19 70 to 7-15 19 70 that (I) (we) last saw the deceased alive on 7-15 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: David E. Goldstein MD DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7/15/70
23C. PHYSICIAN'S NAME (Type): DAVID E. GOLDSTEIN MD DEGREE
23D. ADDRESS: 4940 Eastern Avenue Balto. Md., 21224 BALTIMORE CITY HOSPITALS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/17/70
24C. NAME of CEMETERY or CREMATORY: Fork Methodist
24D. LOCATION (City, town, or county) (State): Fork ~~Baltimore~~, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970 Robert E. Farber, M.D.
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Leonard J Ruck INC ADDRESS: Baltimore, Maryland

VS 150-REV. 1/1/68

K-500

BIRTH NO. 70 7135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7135

1. NAME OF DECEASED (Type or Print): ARNOLD KIIMA

2. DATE AND HOUR OF DEATH: 7-14-70 | 12 MIDNIGHT

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY:

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 4311 FURLEY AVENUE 2632

5. SEX: M

6. RACE: W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 3-10-06

9. AGE (In years last birthday): 64

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED LAB. TECH.

10B. KIND OF BUSINESS OR INDUSTRY: Johns Hopkins Univ.

11. BIRTHPLACE (State or foreign country): ESTONIA

12. CITIZEN OF WHAT COUNTRY? ESTONIA

13. FATHER'S NAME: KARL KIIMA

14. MOTHER'S MAIDEN NAME: LUICE GERN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 139-26-8936

17. INFORMANT: Mrs. Milda E. Kiima

ADDRESS: (SAME)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

395.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Intractable Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2-3 weeks

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) Aortic insufficiency & severe atherosclerosis

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Chronic obstructive pulmonary disease

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6-24 19 70 to 7-14 19 70 that (I) (we) last saw the deceased alive on 7-14 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: M. DeWayne Andrews MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 7-15-70

23C. PHYSICIAN'S NAME (Type): M. DEWAYNE ANDREWS DEGREE

23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 7/17/70

24C. NAME of CEMETERY or CREMATORY: GARDENS of FAITH CEM.

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970

25B. NAME OF REGISTRAR: Robert E. Farber M.D.

25C. FUNERAL DIRECTOR: LEONARD J. RUCK INC. ADDRESS: Balto. Md. 21214

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

138 39 1 KIIMA, ARNOLD

sab-57-20-34 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

L-200 70 7136

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7136

1. NAME OF DECEASED (Type or Print): Joseph M. Lewis

2. DATE AND HOUR OF DEATH: 7/12/70 | 11:05 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 2646

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 6206 Fortview Way 21224

5. SEX: Male

6. RACE: Negro

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 2-12-21

9. AGE (In years last birthday): 49

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes (If yes, give war or dates of service): 10/9/47-7/20/50

16. SOCIAL SECURITY NO.: 226164311

17. INFORMANT: Rita Butler -same Records: BCH-4940 Eastern Avenue ADDRESS: 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

431.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Intracerebral Hemorrhage — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Hypertension (probably essential) — many years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from July 10 19 70 to July 12 19 70 that (I) (~~we~~) last saw the deceased alive on July 12 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Dwight Cramer MD DEGREE

Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 7/12/70

23C. PHYSICIAN'S NAME (Type): Dwight Cramer MD DEGREE

Dwight Cramer, MD

23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Avenue, Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-17-70

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.

24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970

25B. NAME OF REGISTRAR: Robert E. Bailey, M.D.

25C. FUNERAL DIRECTOR: V. Bailey Kelson F.H. ADDRESS: 1348 Calhoun St.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-530 70 7137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7137

1. NAME OF DECEASED (Type or Print): GENT William

2. DATE AND HOUR OF DEATH: 7-10-70 | 11 30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, 1514 Divison Street, Baltimore, Maryland 21217

39

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1602
C. CITY OR TOWN: Balyimore,
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1141 Whatcoat St.

5. SEX: Male
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8-1-08
9. AGE (In years last birthday): 61 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Wm. Gent
14. MOTHER'S MAIDEN NAME: Gussie Burgess
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212226848
17. INFORMANT: Ronald Freeman-3822 Pk. Hgts. / Blanche Williams-Cousin 1104 Whatcoat — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

1621 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchogenic Carcinoma
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): -
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7. 9 1970 to 7. 10 1970 that (I) (we) last saw the deceased alive on 7. 10 1970 and that in (~~my~~) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: M. J. Shafi DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7.10.70
23C. PHYSICIAN'S NAME (Type): M. JAVAID SHAFI DEGREE
23D. ADDRESS: Pr. Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-15-70
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: V. Bailey Kelson F.H. — ADDRESS: 1348 Calhoun Street

VS 150-REV. 1/1/68

MBJ

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

D-140

BIRTH NO. 70-11990 70 7138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 7138

1. NAME OF DECEASED (Type or Print): DAVELLA BABY GIRL "B"

2. DATE AND HOUR OF DEATH: JULY 13, 1970 | 7:10P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST AGNES HOSPITAL WILKENS & CATON AVES BALTIMORE MD 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: ~~SYKESVILLE~~ CARROLL 56-00

C. CITY OR TOWN: Sykesville D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: STAR RT 1 BOX 33B

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 07/13/70 9. AGE (In years last birthday) | If Under 1 Yr. Months: Days | If Under 24 Hrs. Hours: 17 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: SALVADORE DAvella

14. MOTHER'S MAIDEN NAME: PATRICIA SHUSTER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: BALTIMORE MD 21229 ADDRESS: ST AGNES HOSPITAL WILKENS & CATON AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

7694 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiorespiratory

DUE TO, OR AS A CONSEQUENCE OF:

(B) Failure - Premature atelectatic

DUE TO, OR AS A CONSEQUENCE OF:

(C) lungs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from JULY 13 1970 to JULY 13 1970 that (X) (we) last saw the deceased alive on JULY 13 1970 and that In(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: RA Baig DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 07/13/70

23C. PHYSICIAN'S NAME (Type): Mirza Hussain Ali Baig DEGREE

23D. ADDRESS: ST AGNES HOSPITAL - WILKENS & CATON AVES BALTO MD 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-16-70

24C. NAME of CEMETERY or CREMATORY: Freedom Cemetery

24D. LOCATION (City, town, or county) (State): Sykesville, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970

25B. NAME OF REGISTRAR: [illegible] M.D.

25C. FUNERAL DIRECTOR: Harry W. Haight ADDRESS: Sykesville, Md.

VS 150-REV. 1/1/68

1

70 7139 BALTIMORE CITY HEALTH DEPARTMENT

W-452

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 7139

1. NAME OF DECEASED (Type or Print): GARVIS WILLIAMSON

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year July 15, 1970 Hour 6:20 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1127 E. Baltimore Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 302
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1127 E. Balto. Street

6. SEX: Male
7. RACE: White
8. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

9. DATE OF BIRTH: Aug. 23, 1924
10. AGE (In years last birthday): 45
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Branch Williamson

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheetmetal Worker
14B. KIND OF BUSINESS OR INDUSTRY: unknown
15. MOTHER'S MAIDEN NAME: Molly Finn

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: unknown
18. INFORMANT: Talmadge Williamson
ADDRESS: Rocky Mount, 1100 Willford St., NC

MEDICAL CERTIFICATION

19. 571.8

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Fatty metamorphosis of liver

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 7/15/70

24A. BURIAL CREMATION, REMOVAL (Specify): Removal
24B. DATE: July 15, 1970
24C. NAME of CEMETERY or CREMATORY: Johnson Funeral Home
24D. LOCATION (City, town, or county) (State): Rocky Mount, Edgecombe Co. N.C.

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Howard K. McComas & Son
ADDRESS: Abingdon, Md. 21009

VS 151-REV. 1/1/68

H-520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

BIRTH NO. 70 7140 REG. NO. 70 7140

1. NAME OF DECEASED (Type or Print): Hammack, Pryor L.

2. DATE AND HOUR OF DEATH: July 16th, 1970 1237 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Saint Agnes Hospital, Caton & Wilkens Aves. 21229

40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: TEXAS B. COUNTY: V-40
C. CITY OR TOWN: ~~Kennedy~~ Kenedy
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ 521 School St (Kenedy Texas) home

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 4/4/09
9. AGE (In years last birthday): 61
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert L. Hammack
14. MOTHER'S MAIDEN NAME: Laura Hickle

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 449-18-1223
17. INFORMANT: Dr. George W. Wharton, 10 Arkla Ct. 21228 ADDRESS

MEDICAL CERTIFICATION

18. 410.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardiac Arrest — 1 hr

DUE TO, OR AS A CONSEQUENCE OF:

(B) Myocardial Infarction — 2 hr

DUE TO, OR AS A CONSEQUENCE OF:

(C) Chronic Angina — 1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/14 1970 to 7/16 1970 that (I) (we) last saw the deceased alive on 7/14 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Raymond Bahr DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/16/70
23C. PHYSICIAN'S NAME (Type): Raymond Bahr MD DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-19-70
24C. NAME of CEMETERY or CREMATORY: City Cemetery
24D. LOCATION (City, town, or county) (State): Kenedy, Texas

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard, 4107 Wilkens Ave. 21229 ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-514 70 7141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7141

BIRTH NO.

1. NAME OF DECEASED (Type or Print): RUDOLPH CAMPBELL

2. DATE AND HOUR OF DEATH: 12 July 1960 | 4 10 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University of Maryland Hospital 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 2543

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 2631 Puget Street

5. SEX: M

6. RACE: N

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 6/9/13

9. AGE (In years last birthday): 54

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eugene Campbell

14. MOTHER'S MAIDEN NAME: Mary Council

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NA

17. INFORMANT: Chas

ADDRESS:

MEDICAL CERTIFICATION

18. 150X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Aspiration Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 14 D

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Gracheo-esophageal fistula — 15 D

DUE TO, OR AS A CONSEQUENCE OF:

(C) Carcinoma of esophagus — 30 D

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 13 June 1 19 No to 12 July 19 No that (I) (we) last saw the deceased alive on 11 July 19 No and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Mark M. Applefeld, MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 12 July, 1960

23C. PHYSICIAN'S NAME (Type): MARK M. APPLEFELD DEGREE

23D. ADDRESS: University of Maryland Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-15-60

24C. NAME of CEMETERY or CREMATORY: Church

24D. LOCATION (City, town, or county) (State): Clarton, NC

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1960

25B. NAME OF REGISTRAR: Robert E. Tarbey, M.D.

25C. FUNERAL DIRECTOR: W. H. Bacon

ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. B-600 70 7142

M.E. CASE NO. 70 7142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 70 7142

1. NAME OF DECEASED (Type or Print): Bessie M. Bahr

2. DATE AND HOUR OF DEATH: July 15, 1970 | 3:45 P.M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARYLAND GENERAL HOSPITAL 48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto C 53-00
C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore 21207
D. STREET ADDRESS (If rural, give location): Box 660 Rt #5

5. SEX: F
6. RACE: Cau
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widow
8. DATE OF BIRTH: 1/27/95
9. AGE (In years last birthday): 75
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Drexel
14. MOTHER'S MAIDEN NAME: Mary

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 217-01-2270D None
17. INFORMANT: Chart
ADDRESS: Mr. Earl J. Bahr, Route 5, Box 660 Balto, Md. 21207

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

590.1

(A) Gn Neg Septicemia — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs
DUE TO
(B) Pyo & Hydronephrosis, Rt — ? 2 yrs.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ASHD

19A. DATE OF OPERATION: 7/10/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Rt Hone
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 7/2/70 19 to 7/15 1970, that (I) (~~we~~) last saw the deceased alive on 7/15 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Donald T. Lewers MD
M.D. Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7/15/70
23C. PHYSICIAN'S NAME (Type): Donald T. Lewers M.D.
23D. ADDRESS: 827 Linden Ave 21201

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/18/70
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Witzke
ADDRESS: 1630 Edmondson Ave., 21228

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

B-652 70 7143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7143

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mr. George Marby Bauernschub Sr.

2. DATE AND HOUR OF DEATH: 7/15/70 10:45P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 4233 Rokeby Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore 2844
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4233 Rokeby Road 21229

5. SEX: Male
6. RACE: Caucasian
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2/8/1892
9. AGE (In years last birthday): 78
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker
10B. KIND OF BUSINESS OR INDUSTRY: Baking
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Late Joseph Bauernschub
14. MOTHER'S MAIDEN NAME: Late Margaret

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): WW 1
16. SOCIAL SECURITY NO.: 212-03-2703
17. INFORMANT: Mrs. Mr. George Marby Bauernschub ADDRESS: 4233 Rokeby Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardiac Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: seconds
DUE TO, OR AS A CONSEQUENCE OF:
(B) Coronary Artery Disease — years
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Calcific Aortic Stenosis Just — years

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Jan 1966 to 7/15 1970, that (I) (~~we~~) last saw the deceased alive on 7/13 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: James Nolan DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/15/70
23C. PHYSICIAN'S NAME (Type): Dr. James Nolan DEGREE
23D. ADDRESS: 1-Mallow-Hill Road

24A. BURIAL CREMATION, REMOVAL (Specify): Burial . . .
24B. DATE: 7/18/70
24C. NAME of CEMETERY or CREMATORY: Crestlawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970
25B. NAME OF REGISTRAR: Robert E. Farley M.D.
25C. FUNERAL DIRECTOR: Witzke, 1630 Edmondson Ave., 21228 ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-261 70 7144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7144

1. NAME OF DECEASED (Type or Print): MARY Florence Baskerville

2. DATE AND HOUR OF DEATH: 7/15/70 10:10 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bolton Hill Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 808
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1033 Dallas Street

5. SEX: F 6. RACE: Negro 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9-16-04 9. AGE (In years last birthday): 64 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Cox
14. MOTHER'S MAIDEN NAME: Mary
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 239-03-1046
17. INFORMANT: Ethel Hudson ADDRESS: 2540 Garrett Ave. 21218

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 250.7 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 days
DUE TO, OR AS A CONSEQUENCE OF:
(B) arteriosclerotic heart disease — years
DUE TO, OR AS A CONSEQUENCE OF:
(C) diabetes mellitus — years

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 6/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: appendectomy left leg - diabetic gangrene
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: White At Work [ ] Not White At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 5/30 1970 to 7/15 1970, that (I) (we) last saw the deceased alive on 7/15 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/15/70
23C. PHYSICIAN'S NAME (Type): ALLAN H. MACHT MD DEGREE
23D. ADDRESS: 2 E Read St Balto Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-18-70
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970
25B. NAME OF REGISTRAR: Robert E. Fahey M.D.
25C. FUNERAL DIRECTOR: Marshall W. Jones, Jr. ADDRESS: 1735 Harford Ave. 21213

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7145

BIRTH NO. H-353 70 7145

1. NAME OF DECEASED (Type or Print): Hottendorf, Martha W.

2. DATE AND HOUR OF DEATH: 7/14/70 1:10 p.m. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Union Memorial Hosp. 44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 1348
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 1329 ½ 41st St - 2nd Floor

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [✓] DIVORCED [ ]
8. DATE OF BIRTH: 6/9/92
9. AGE (In years last birthday): 78
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Schoolteacher
10B. KIND OF BUSINESS OR INDUSTRY: Baltimore City
11. BIRTHPLACE (State or foreign country): MD
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Marion Dorsey Webb
14. MOTHER'S MAIDEN NAME: Frances Depro

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Unknown
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Catherine Ruettner
ADDRESS: 1329½ W. 41st St. Baltimore, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Possibly Generalized Carcinomatosis
DUE TO, OR AS A CONSEQUENCE OF: Congestive Heart Failure
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Address given in 4-E
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 7/13/70 (P.M. Night)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [✓]
21F. HOW DID INJURY OCCUR? Deceased fell in bathtub

22. I certify that (I) (this hospital) attended the deceased from 7/14/70 2:30 A.M. 19 70 to 7/14/70 1:30 P.M. 19 70 that (I) (we) last saw the deceased alive on 7/14/70 10:30 A.M. 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: H. Earl Cotman M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 7/14/70
23C. PHYSICIAN'S NAME (Type): H. Earl Cotman DEGREE
23D. ADDRESS: Union Memorial Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-17-1970
24C. NAME of CEMETERY or CREMATORY: Lorraine Park
24D. LOCATION (City, town, or county) (State): Woodlawn Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: G. Howard Strong
ADDRESS: 3207 W. North Ave.,

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Medical examiner notified by Dr. Byard and medical examiner stated that this was a natural death. No case. H. Earl Cotman

S AS 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. Y-251 70 7146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7146

1. NAME OF DECEASED (Type or Print): YESENOFSKI, ANNA

2. DATE AND HOUR OF DEATH: JULY 14, 1970 10:45 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 2854
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 228 D STONECROFT ROAD

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 08 12 06
9. AGE (In years last birthday): 63 If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: NICHOLAS SOTACK
14. MOTHER'S MAIDEN NAME: HELEN FASULKA
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 201-07-3431
17. INFORMANT: Mr. Walter H. Yesnofski, ADDRESS 228 Stonecroft ST AGNES RECORDS BALTO MD 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ACUTE TUBULAR NECROSIS — 3 DAYS
DUE TO, OR AS A CONSEQUENCE OF:
(B) GRAM NEGATIVE SHOCK — 3 days.
DUE TO, OR AS A CONSEQUENCE OF:
(C) PANCYTOPENIA — 5 days -

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: MULTIPLE MYELOMA — Over 18 months

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JULY 11 19 70 to JULY 14 19 70 that (I) (we) last saw the deceased alive on JULY 14 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Alejandro Mejia M.D. DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7-15-70
23C. PHYSICIAN'S NAME (Type): ALEJANDRO MEJIA MD DEGREE
23D. ADDRESS: 401 Pine Heights Ave - (207) Balto 21229

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-18-70
24C. NAME of CEMETERY or CREMATORY: ST. JOHNS
24D. LOCATION (City, town, or county) (State): HAZLETON, PA.

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970
25B. NAME OF REGISTRAR: Robert E. Tarbert M.D.
25C. FUNERAL DIRECTOR: HOWARD H. HUBBARD F.H. ADDRESS 407 WILKE AVE.

VS 150-REV. 1/1/68

P-362 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7147 REG. NO. 70 7147

1. NAME OF DECEASED (Type or Print): WILLIAM PETRICK

2. DATE AND HOUR OF DEATH: July 15-1970 10.30A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mt Sinai Nursing Home 4613 Park Heights Ave Baltimore Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1548
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3602 Windsor Mill Road

5. SEX: Male
6. RACE: White
7. MARITAL: MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Jan 1-1889
9. AGE (In years last birthday): 81
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Unk.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Unk.
14. MOTHER'S MAIDEN NAME: Unk.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 217-05-5837
17. INFORMANT: Mt. Sinai Home Records ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I 154X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gastrointestinal Neoplasm undisclosed site
DUE TO, OR AS A CONSEQUENCE OF:
(B) Pulmonary + bony metastasis
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?:

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 1968 to July 15 1970, that (I) (we) last saw the deceased alive on July 14 1970 and that In (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Louis T. Lavy M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): LOUIS T. LAVY M.D. DEGREE
23D. ADDRESS: 3502 W Rogers Ave Baltimore Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/17/70
24C. NAME of CEMETERY or CREMATORY: Sacred Heart Cemetery
24D. LOCATION (City, town, or county) (State): 7401 German Hill Rd. Dundalk Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Lewis T. Gwynn ADDRESS: 4517 Park Heights Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

W-425 70 7148

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70 7148

REG. NO.

BIRTH NO.

31/99

1. NAME OF DECEASED (Type or Print): RAYMOND WILSON

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 7 Day 9 Year 1970 Hour 9:45 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): City Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Md. B. COUNTY: 1002

6. SEX: Male
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: May 9 1939
10. AGE (In years last birthday): 32
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: Unk. 1114 Ashland Ave

11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jabow Wilson

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Maggie Brown

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO.: 245-54-6678
18. INFORMANT: Ellen Jones ADDRESS: Same

MEDICAL CERTIFICATION

19. E814.7

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple traumatic injuries
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 6900 blk. Quad Ave. 2664

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 7-9-70 ? m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Pedestrian struck by tractor.

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): for I. Mihalakis - [signature] M.D.
Isidore Mihalakis, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 7-15-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-18-70
24C. NAME of CEMETERY or CREMATORY: Mt Cahay Cut
24D. LOCATION (City, town, or county) (State): A Co County Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: E. Wilson
ADDRESS: 1000 Brambleton

VS 151-REV. 1/1/68

N 867.0

RELEASED AS NON-MED BY M.E. 7/13/70

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-456 70 7149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7149

1. NAME OF DECEASED (Type or Print): Otto Shellhammer

2. DATE AND HOUR OF DEATH: 7/13/70 | 3 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: 4902 E. Federal St. 21205 2653
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER:

5. SEX: male
6. RACE: white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8/4/02
9. AGE (In years last birthday): 67
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker
10B. KIND OF BUSINESS OR INDUSTRY: Beth. Steel
11. BIRTHPLACE (State or foreign country): Parks Townshi p Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Smith Shellhamer
14. MOTHER'S MAIDEN NAME: Carrie Bowman
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes
(If yes, give war or dates of service): 1927 Marine Corp.
16. SOCIAL SECURITY NO.: 208-07-3595
17. INFORMANT: Wife
ADDRESS: same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: A.S.C.V.D. /c failure
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____ that (I) (we) last saw the deceased alive on _____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ataollah Golpira M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/13/70
23C. PHYSICIAN'S NAME (Type): Ataollah Golpira M.D. DEGREE
23D. ADDRESS: 3029 Dundalk Ave. 21222

24A. BURIAL CREMATION, REMOVAL (Specify)
24B. DATE: 7-17-70
24C. NAME of CEMETERY or CREMATORY
24D. LOCATION (City or Town) (State)

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR
ADDRESS

ANATOMY BOARD OF MARYLAND
JOHNS HOPKINS MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

VS 150-REV. 1/1/68

W-252 70 7150

BIRTH NO. 70-11195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7150 4

1. NAME OF DECEASED (Type or Print): Baby Girl Washington

2. DATE AND HOUR OF DEATH: 6/24/70 1:00 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospital, Emergency Room

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY: 1501

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1734 N. Calhoun St

5. SEX: F

6. RACE: C

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 6/24/70

9. AGE (In years last birthday): 5 minutes

If Under 1 Yr. Months: — Days: — If Under 24 Hrs. Hours: — Min.: 5.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none (New born)

10B. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Balto, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Arnell Hill

14. MOTHER'S MAIDEN NAME: Sheila Virginia Washington

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): New born.

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mother ADDRESS:

MEDICAL CERTIFICATION

18. 776.9

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pre-viable fetus with no organs Abnormality of ~~Organs~~ — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 Minutes

DUE TO, OR AS A CONSEQUENCE OF:

(B) No expansion of lungs

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Marked Prematurity.

19A. DATE OF OPERATION: —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): Yes.

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): none

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/24/70 19__ to 6/24/ 19 70 that (I) (we) last saw the deceased alive on 6/24/ 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. Thimatariga DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 6/30/70

23C. PHYSICIAN'S NAME (Type): MANU THIMATARIGA, MD. DEGREE

23D. ADDRESS: Univ. of Md. Hospital, Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE: 7-16-70

24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, town, or county) (State)

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-235

BIRTH NO. 70-11371 70 7151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7151

1. NAME OF DECEASED (Type or Print): OMAR SHARIFF McDONALD

2. DATE AND HOUR OF DEATH: 10 58 AM 7/7/70 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): U of Maryland Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: 3 N. Vincent St. Baltimore Md 21223
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3 No Vincent St. 1901

5. SEX: M
6. RACE: N
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 6 July 70
9. AGE (In years last birthday): If Under 1 Yr. Months: 0 Days: 1 If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: WILLIAM McDONALD
14. MOTHER'S MAIDEN NAME: WISE
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.:
17. INFORMANT: FATHER ADDRESS: 3 N. VINCENT

MEDICAL CERTIFICATION

1B. 778.2 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: PULMONARY HEMMORHAGE — 24 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(B) PREMATURITY — 24 hrs.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). —

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) [ ]
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6 JULY 1970 to 7 JULY 1970 that (I) (we) last saw the deceased alive on 7 JULY 1970 and that I (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: John Payne DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7 JULY 70
23C. PHYSICIAN'S NAME (Type): JOHN PAYNE DEGREE
23D. ADDRESS: U. OF MD. HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): 24B. DATE: 7-16-70
24C. NAME of CEMETERY or CREMATORY:
24D. PLACE (City or County) (State)

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR:
25D. ADDRESS:

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7152

BIRTH NO. D-520 70 7152 Annapolis, Md.

1. NAME OF DECEASED (Type or Print): Baby Boy Downs

2. DATE AND HOUR OF DEATH: 7-8-70 | 9:05 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. ~~Rt. 5 Box 137~~ 5200

B. COUNTY: ~~Anne Arundel~~

C. CITY OR TOWN: Annapolis

D. INSIDE CITY LIMITS? YES ☐ NO ☑

E. STREET AND NUMBER: Rt 5 Box 137

5. SEX: M

6. RACE: N

7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7-7-70

9. AGE (In years last birthday): If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 8 Min.: 15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Annapolis

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME: Cook ~~Rt~~

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Prematurity — — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

DUE TO, OR AS A CONSEQUENCE OF: 26 wk gestation

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-8 19 70 to 7-8 19 70 that (I) (we) last saw the deceased alive on 7-8 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: P. Roberts, MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 7-8-70

23C. PHYSICIAN'S NAME (Type): P. ROBERTS M.D. DEGREE

23D. ADDRESS: ANATOMY BOARD OF MARYLAND UNIVERSITY MEDICAL SCHOOL

24A. BURIAL CREMATION, REMOVAL (Specify): City disposal

24B. DATE: 7-16-70

24C. NAME of CEMETERY or CREMATORY:

24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD

ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-520

BIRTH NO. 70-11646 70 7153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7153

1. NAME OF DECEASED (Type or Print): HINES BABY BOY

2. DATE AND HOUR OF DEATH: 7/7/70 1615 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY OF MARYLAND HOSPITAL 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 2542
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2397 Seamon Ave

5. SEX: M
6. RACE: N
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7/7/70
9. AGE (In years last birthday): 30 min — If Under 1 Yr. Months: Days: Hours: Min.: 30 min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clifton Hines
14. MOTHER'S MAIDEN NAME: Azilee Banks

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Chart
ADDRESS:

MEDICAL CERTIFICATION

18. 765.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardiac arrest — 10 min
DUE TO, OR AS A CONSEQUENCE OF:
(B) Prematurity / C-section — 30 min
DUE TO, OR AS A CONSEQUENCE OF:
(C) Cephalopelvic disproportion

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/7 1970 to 7/7 1970 that (I) (we) last saw the deceased alive on 7/7 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. Schoenman MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7/7/70
23C. PHYSICIAN'S NAME (Type): M. Schoenman M.D. DEGREE
23D. ADDRESS: UNIVERSITY OF MARYLAND HOSPITAL

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL

24A. BURIAL CREMATION, REMOVAL (Specify):
24B. DATE: 7-16-70
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City, town, or county) (State):

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970
25B. NAME OF REGISTRAR: Robert E. Talbey, M.D.
25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD
ADDRESS:

VS 150-REV. 1/1/68

L-240

BIRTH NO. 70-2066 / 70 7154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7154

1. NAME OF DECEASED (Type or Print): Leslie (boy)

2. DATE AND HOUR OF DEATH: 7-10-70 | 6:00 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospital. 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Baltimore City B. COUNTY: 2002
C. CITY OR TOWN: Baltimore City
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2532 W. Fairmount Ave

5. SEX: MALE
6. RACE: NEGRO
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7-10-70
9. AGE (In years last birthday): If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min. 50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: CHARLES LESLIE
14. MOTHER'S MAIDEN NAME: LOWERY EDNA
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: immaturity
DUE TO, OR AS A CONSEQUENCE OF:
(B) same
DUE TO, OR AS A CONSEQUENCE OF:
(C) same.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-10 19 70 to 7-10 19 70 that (I) (we) last saw the deceased alive on 7-10 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Tisiera DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7-10-70
23C. PHYSICIAN'S NAME (Type): José S. Tisiera DEGREE
23D. ADDRESS: ANATOMY BOARD OF MARYLAND UNIVERSITY MEDICAL SCHOOL

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: 7-16-70
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City, town, or township) (State):

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD
ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-320 70 7155

REG. NO. 70 7155

1. NAME OF DECEASED (Type or Print): ROSIE MATTHEWS (Matthes)

2. DATE AND HOUR OF DEATH: 7/14/70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 LUTHERAN HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD B. COUNTY: 1502

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [*] NO [ ]

E. STREET AND NUMBER: 1822 NORTH MONROE STREET

5. SEX: FEMALE

6. RACE: NEGRO

7. MARRIED [*] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 3/24/09

9. AGE (In years last birthday): 61

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): HOWARD COUNTY, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLIE SPARROW

14. MOTHER'S MAIDEN NAME: SARA WILSON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 079-22-8007

17. INFORMANT: HARRY MATTHEWS ADDRESS: 4634 COLEHERNE ROAD

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 412.4

(A) IMMEDIATE CAUSE: Cerebrovascular Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B)

DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 1 1970 to July 14 1970, that (I) (we) last saw the deceased alive on July 8 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: William H Watts DEGREE

Attending Phys. [*] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 7/17/70

23C. PHYSICIAN'S NAME (Type): William H Watts DEGREE

23D. ADDRESS: 5114 Allington Ave Balt Md

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 7/18/70

24C. NAME of CEMETERY or CREMATORY: CARVER MEMORIAL PARK

24D. LOCATION (City, town, or county) (State): LAUREL, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970

25B. NAME OF REGISTRAR: Robert E. Tarbey M.D.

25C. FUNERAL DIRECTOR: ARLINGTON S. PHILLIPS ADDRESS: 1727 N. MONROE STREET

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. F-522 70 7156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7156

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Fonseca, Jerome

2. DATE AND HOUR OF DEATH: July 14, 1970 | 8:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 34 Bon Secours

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2037
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 201 North Culver St.

5. SEX: M
6. RACE: Negro
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11-13-09
9. AGE (In years last birthday): 60
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Warehouse man
10B. KIND OF BUSINESS OR INDUSTRY: Fort George Meade
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? United States
13. FATHER'S NAME: Pedro Fonseca
14. MOTHER'S MAIDEN NAME: Branson
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-07-5819
17. INFORMANT: Thelma Fonseca ADDRESS: 201 North Culver Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: respiratory failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1.30 hrs.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Staphyllococcus Pneumonia, bilat — 2 weeks

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): —

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 07/02 1970 to 07/14 1970, that (I) (we) last saw the deceased alive on 07/14 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Kusuma K. Pruksapong M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7/14/70
23C. PHYSICIAN'S NAME (Type): Dr. KUSUMA K. PRUKSAPONG MD DEGREE
23D. ADDRESS: Bon Secours Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/20/70
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970
25B. NAME OF REGISTRAR: Robert E. Jaeger, M.D.
25C. FUNERAL DIRECTOR: Arlington S. Phillips ADDRESS: 1727 N. Monroe Street

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-500 70 7157

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7157

1. NAME OF DECEASED (Type or Print): BOONE, ALBRED HILDRED

2. DATE AND HOUR OF DEATH: 7/10/70 10:25 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

23 Veterans Administration Hospital
3900 Loch Raven Boulevard
Baltimore, Md 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 1403

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 435 Bloom Street

5. SEX: Male

6. RACE: Negro

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 10/21/19

9. AGE (In years last birthday): 50

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager

10B. KIND OF BUSINESS OR INDUSTRY: Furniture Store

11. BIRTHPLACE (State or foreign country): Memphis, Tenn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Arthur Boone

14. MOTHER'S MAIDEN NAME: Addie Taylor

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes

(If yes, give war or dates of service): 9/10/43 - 2/15/46

16. SOCIAL SECURITY NO.: 414-10-4388

17. INFORMANT: VA Hospital Records ADDRESS: 3900 Loch Raven Blvd., Balto., Md 21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Malignant Cachexia

DUE TO, OR AS A CONSEQUENCE OF:

(B) Carcinoma - colon — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1/1970

DUE TO, OR AS A CONSEQUENCE OF:

(C) Malignant Ascites

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 23rd 19 70 to July 10th 19 70 that (I) (we) last saw the deceased alive on July 10th 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Iftikhar Mehdi M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 7/10/70

23C. PHYSICIAN'S NAME (Type): IFTIKHAR MEHDI, M.D. DEGREE

23D. ADDRESS: 3900 Loch Raven Boulevard Baltimore, Maryland 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/14/70

24C. NAME of CEMETERY or CREMATORY: Baltimore National

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: Arlington S. Phillips ADDRESS: 1727 N. Monroe Street

VS 150-REV. 1/1/68

M-250 70 7158

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7158

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): LAWRENCE MASON

2. DATE AND HOUR OF DEATH: 7-12-70 | 12:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2037
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [*] NO [ ]
E. STREET AND NUMBER: 322 North Hilton Street

5. SEX: Male
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [*] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 10/8/37
9. AGE (In years last birthday): 32 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ernest Mason
14. MOTHER'S MAIDEN NAME: Olivia McNeil
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No | (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 219-30-4794
17. INFORMANT: Olivia McRae ADDRESS: 322 North Hilton Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

486 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Lung abscess, early
DUE TO, OR AS A CONSEQUENCE OF:
(B) Pneumonia
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Suspected systemic lupus erythematosus

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/4/ 19 70 to 7/12/ 19 70 that (I) (we) last saw the deceased alive on 7/12/ 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Lwin DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 7/12/70
23C. PHYSICIAN'S NAME (Type): KYI K. LWIN DEGREE
23D. ADDRESS: Mercy Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/15/70
24C. NAME of CEMETERY or CREMATORY: Mount Calvary Cemetery
24D. LOCATION (City, town, or county) (State): Ann Arundel County Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Arlington S. Phillips ADDRESS: 1727 North Monroe St.

VS 150-REV. 1/1/68

J-635 70 7159

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7159

1. NAME OF DECEASED (Type or Print): Jordan, James McKinley

2. DATE AND HOUR OF DEATH: 7/15/70 11:20 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

23 Veterans Administration Hospital
3900 Loch Raven Boulevard
Baltimore Maryland 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 2006

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 39 N. Ellamont Avenue st

5. SEX: Male

6. RACE: Negro

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 5/29/01

9. AGE (In years last birthday): 69

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Refinery worker

10B. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Sunbury, N.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Stallian

14. MOTHER'S MAIDEN NAME: Ella Jordan

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes

(If yes, give war or dates of service): 10/15/42-5/24/45

16. SOCIAL SECURITY NO.: 212-09-58 35

17. INFORMANT: VA Hospital ADDRESS: 3900 Loch Raven Blvd., Balto., Md 21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma probably involving lungs, pleura, primary or metastatic — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 years ?

DUE TO, OR AS A CONSEQUENCE OF: unknown

(B) Pneumonia involving entire lung, left

DUE TO, OR AS A CONSEQUENCE OF:

(C) Hypoxia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION:

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 10th 19 70 to July 15th 19 70 that (I) (we) last saw the deceased alive on July 15th 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Henry A. Briele MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 7/16/70

23C. PHYSICIAN'S NAME (Type): HENRY A. BRIELE, JR. M.D. DEGREE

23D. ADDRESS: 3900 Loch Raven Blvd. Baltimore, Md 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/20/70

24C. NAME of CEMETERY or CREMATORY: Baltimore National

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: Arlington S. Phillips ADDRESS: 1727 North Monroe St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

57-09-28 sab 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7160

BIRTH NO. W-552 70 7160

1. NAME OF DECEASED (Type or Print): GEORGE J. WEININGER

2. DATE AND HOUR OF DEATH: 7/14/70 7.35 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 31 Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 0101
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 903 South Streeper Street 21224

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1-1-98
9. AGE (In years last birthday): 72
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boiler Maker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ADAM
14. MOTHER'S MAIDEN NAME: ANNIE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 212-05-8200-A
17. INFORMANT: Records: BCH-4940 Eastern Avenue 21224 — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: PNEUMONIA
DUE TO, OR AS A CONSEQUENCE OF:
(B) CEREBRO-VASCULAR INSUFFI-
DUE TO, OR AS A CONSEQUENCE OF:
(C) CIENCY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 6/22/70 19 to 7/14/70 19, that (I) (we) last saw the deceased alive on 7/14/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7/14/70
23C. PHYSICIAN'S NAME (Type): JUAN LORA DEGREE
23D. ADDRESS: Baltimore City Hospitals 6104 E. FRANK ST. BALTO, MD

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-18-70
24C. NAME of CEMETERY or CREMATORY: St. Stanislaus
24D. LOCATION (City, town, or county): Balto. (State): Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970
25B. NAME OF REGISTRAR: Robert E. [illegible] M.D.
25C. FUNERAL DIRECTOR: Thelma A. Hoffman — ADDRESS: 3218 Sudan St.

VS 150-REV. 1/1/68

1

70 7161

R-415

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7161

1. NAME OF DECEASED (Type or Print): ROBERT F. ROHLFING

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year July 14, 1970 Hour 11:25 A M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3041 O'Donnell Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 0101
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 3041 O'Donnell Street

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. DATE OF BIRTH: 11-29-1906
10. AGE (in years last birthday): 63 70
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
11. BIRTHPLACE (State or foreign country): Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Robert E.
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: BROWN
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service):
17. SOCIAL SECURITY NO.: 174-07-8536
18. INFORMANT: Charles Rohlfing ADDRESS: 3002 Elliott St

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Arteriosclerotic cardiovascular disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION:
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 7/15/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-18-70
24C. NAME of CEMETERY or CREMATORY: Woodlawn
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Hoffman Funeral Home
ADDRESS: 3812 Harford St

VS 151-REV. 1/1/68

BIRTH NO. H-654 70 7162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7162

1. NAME OF DECEASED (Type or Print) also known as August Francis
AUGUST G. HOERNLEIN

2. DATE AND HOUR OF DEATH 7/13/70 17 32 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
BON SECORS Hospital
34

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD. B. COUNTY Balto. 5300
C. CITY OR TOWN BALTIMORE
D. INSIDE CITY LIMITS? YES ✓ NO
E. STREET AND NUMBER 4748 WESTLAND BLVD.

5. SEX MALE
6. RACE WHITE
7. MARRIED ✓ NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH 11-06-95
9. AGE (In years last birthday) 74
If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Gustav Hoernlein
14. MOTHER'S MAIDEN NAME Laura

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-03-6548
17. INFORMANT Mrs. Eva Hoernlein ADDRESS 4748 Westland Blvd. 21227

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
4 12 204-250.9

(A) IMMEDIATE CAUSE Cardiac arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10'
DUE TO, OR AS A CONSEQUENCE OF:
(B) Congestive heart failure — 2 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(C) HCM ; diabetes

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No) NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/13 1970 to 7/13 1970 that (I) (we) last saw the deceased alive on 7/13 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE William E. Beaven M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ✓
23B. DATE SIGNED 7/13/70
23C. PHYSICIAN'S NAME (Type) DR. WILLIAM E. BEAVEN DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify) Burial
24B. DATE 7-17-1970
24C. NAME of CEMETERY or CREMATORY Baltimore National
24D. LOCATION (City, town, or county) Frederick Rd. (State) Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT. JUL 17 1970
25B. NAME OF REGISTRAR Robert E. Weber, M.D.
25C. FUNERAL DIRECTOR Hubbard Funeral HOme ADDRESS 4107 Wilkens Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

MBJ

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. K-320 70 7163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 7163

1. NAME OF DECEASED (Type or Print): KEYDASH, GLADYS ~~MARTA~~ Marie

2. DATE AND HOUR OF DEATH: JULY 13 1970 9:45P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 40 ST AGNES HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTIMORE 5300
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 4612 LINDEN AVE

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 07/29/26
9. AGE (In years last birthday): 43
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OWNER
10B. KIND OF BUSINESS OR INDUSTRY: Director DAY NURSERY
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ARTHUR STRANZ
14. MOTHER'S MAIDEN NAME: MARGARET PAUL
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215227321
17. INFORMANT: ST AGNES HOSPITAL
ADDRESS: BALTIMORE MD 21229 WILKENS & CATON AVES

MEDICAL CERTIFICATION

18. 199.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Disseminated — Not known
DUE TO, OR AS A CONSEQUENCE OF:
Carcinomatosis - Primary
(B) unknown
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JULY 4 1970 to JULY 13 1970 that (I) (we) last saw the deceased alive on JULY 13 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 07/14/70
23C. PHYSICIAN'S NAME (Type): DR. SALVADOR QUIROZ DEGREE
23D. ADDRESS: WILKENS & CATON AVES. BALTO MD 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-17-70
24C. NAME of CEMETERY or CREMATORY: ~~Westwood Cemetery~~ Baltimore National
24D. LOCATION (City, town, or county) (State): ~~Edmondson Ave.~~ Frederick Road Balto. MD.

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: Hubbard Funeral Home Inc.
ADDRESS: 4107 Wilkens Ave.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. K-400 70 7164

REG. NO. 70 7164

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): FRANK KELLY

2. DATE AND HOUR OF DEATH: July 14, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 706 Nottingham Road Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 2834

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 706 Nottingham Road, Apt. 3

5. SEX: Male

6. RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 6-11-1895

9. AGE (In years last birthday): 75

If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: B&O Railroad

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? ~~USA~~ U.S.A

13. FATHER'S NAME: James M. Kelly

14. MOTHER'S MAIDEN NAME: Rebecca Magness

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: 705-03-9539

17. INFORMANT: Ruth O. Kelly ADDRESS: 706 Nottingham Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 412.2 + 250.9

(A) IMMEDIATE CAUSE: HASCVD with heart failure + arrhythmia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: >5 yrs

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Diabetes Mellitus — >5 yrs

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 3 Jan 1969 to 13 July 1970, that (I) (we) last saw the deceased alive on 7 July 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: MK Gallager, Jr MD DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 14 July 70

23C. PHYSICIAN'S NAME (Type): Wilmer K. Gallager, Jr. DEGREE

23D. ADDRESS: Pine Hgts. & Wilkens Ave., Balto., Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-16-70

24C. NAME of CEMETERY or CREMATORY: Western Cemetery

24D. LOCATION (City, town, or county) (State): Edmondson Ave. Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970

25B. NAME OF REGISTRAR: Robert E. Tolley M.D.

25C. FUNERAL DIRECTOR: Howard H. Hubbard ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

RELEASED AS NON-MED BY THE MEDICAL EXAMINER, DR. SPITZ, 7/14/70

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-323 70 7165

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7165

1. NAME OF DECEASED (Type or Print): Arthway Rose Hatchett / Artway Hatchett

2. DATE AND HOUR OF DEATH: 7/14/70 | 7:45 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 604
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1935 Jefferson Street

5. SEX: M
6. RACE: N
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1/28/01
9. AGE (In years last birthday): 69 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Steel Co
11. BIRTHPLACE (State or foreign country): Farmville, Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Hatchett
14. MOTHER'S MAIDEN NAME: Annie Hurt
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-02-3646
17. INFORMANT: Pauline Hatchett | ADDRESS: 1935 E. Jefferson St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: shock & cardiopulmonary arrest — 2 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(B) post cardiopulm resuscitation — 24 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(C) ASCVD — >10 yrs

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): hyponatremia & dehydration — 7 days

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/7 1970 to 7/14 1970 that (I) (we) last saw the deceased alive on 7/14 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gerald J. Elfenbein MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/14/70
23C. PHYSICIAN'S NAME (Type): Gerald J. Elfenbein MD DEGREE
23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-17-70
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Arbutus, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970
25B. NAME OF REGISTRAR: Robert E. Yeakey, M.D.
25C. FUNERAL DIRECTOR: Randolph J. Collick | ADDRESS: 2431 E. Oliver St.

VS 150-REV. 1/1/68

J-250 70 7166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7166

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Jackson, Sennie

2. DATE AND HOUR OF DEATH: 7-14-70 2:55 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: Provident Hospital

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1514 Divison Street, Baltimore, Maryland 21217

39

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 1501

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1600 Spray Ct.

5. SEX: Female

6. RACE: Negro

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Dec. 10, 1901

9. AGE (In years last birthday): 68

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~None~~ Domestic

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Merriwether

14. MOTHER'S MAIDEN NAME: Annie Howard

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Frank Simms-BrotherInlaw ADDRESS 910 Sa. St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Adeno-carcinoma Liver metastasis to all abdom. organs — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: undetermined

DUE TO, OR AS A CONSEQUENCE OF: Pulmonary Edema

(B) Congestive Heart Failure Acute — 2 days

DUE TO, OR AS A CONSEQUENCE OF:

(C) Arteriosclerotic Heart Dis. — undetermined

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: Both adrenals destroyed by metastasis. Pancreas heavily involved

19A. DATE OF OPERATION: —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner) [X]

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-13-70 19 to 7-14-70 19 that (I) (we) last saw the deceased alive on 7-14-70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Webster Sewell M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: July 15, 1970

23C. PHYSICIAN'S NAME (Type): WEBSTER SEWELL M.D. DEGREE

23D. ADDRESS: 1514 Divison Street Baltimore, Md.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/18/70

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970

25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D.

25C. FUNERAL DIRECTOR: Williams Funeral Home — ADDRESS: 319 N. Schroeder St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

70 7167

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. R-152

REG. NO. 70 7167

1. NAME OF DECEASED (Type or Print): Alice Robinson

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 7 Day 13 Year 70 Hour 4:25 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 1071 W. Lexington St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1802

6. SEX: female

7. RACE: colored

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: July 4, 1904

10. AGE (In years last birthday): 66

If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 1071 W. Lexington St.

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Williams

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Lucille ?

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Robert Harris ADDRESS: 2129 Hollins St.

MEDICAL CERTIFICATION

19. 412.2

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Arteriosclerotic and hypertensive cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Werner U. Spitz, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
Deputy Chief Medical Examiner

DATE SIGNED: 7/14/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/18/70

24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cem.

24D. LOCATION (City, town, or county) (State): Cedar Hill Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 17 1970

25B. NAME OF REGISTRAR: Robert E. Jackey M.D.

25C. FUNERAL DIRECTOR: Williams Funeral Home

ADDRESS: 3199 Belair

VS 151-REV. 7/1/68

W-257-1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7168

BIRTH NO. 70 7168

1. NAME OF DECEASED (Type or Print): HENRY C.C. WASMUS

2. DATE AND HOUR OF DEATH: 7/15/70 4:30 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 HOOD CONV. HOME

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: BALTO CO 53-00
C. CITY OR TOWN: CATONSVILLE
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 15 CEDARWOOD RD.

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 4/30/96
9. AGE (In years last birthday): 74
If Under 1 Yr. Months / Days / Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLOTHING MFG.
10B. KIND OF BUSINESS OR INDUSTRY: RET.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: CHARLES WASMUS
14. MOTHER'S MAIDEN NAME: KATHERINE KIRCHNER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212072367
17. INFORMANT: MRS. IRMA WASMUS
ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 410.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 da

DUE TO, OR AS A CONSEQUENCE OF:

(B) Coronary Sclerosis — 10 yr

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 2-7-1961 to 7-16-1970, that (I) (~~we~~) last saw the deceased alive on 7-9-1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Wilmer K. Gallager M.D. DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7-16-70
23C. PHYSICIAN'S NAME (Type): Wilmer K. Gallager, M.D. DEGREE
23D. ADDRESS: 6209 Frederick Ave, Baltimore, Md. 21228

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7/18/70
24C. NAME of CEMETERY or CREMATORY: LOUDON PARK
24D. LOCATION (City, town, or county) (State): BALTO. MD.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: MACNABB
ADDRESS: CATONSVILLE 21228

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-550 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7169 REG. NO. 70 7169

1. NAME OF DECEASED (Type or Print): MONAHAN MR. THOMAS S.

2. DATE AND HOUR OF DEATH: 7-16-70 12-10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BON SECOURS HOSPITAL 34

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND. B. COUNTY: 1803
C. CITY OR TOWN: BALTIMORE CITY D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1216 W. LOMBARD ST.

5. SEX: M 6. RACE: WHITE 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ] 8. DATE OF BIRTH: 12-07-98 9. AGE (In years last birthday): 71 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PARK ATTENDANT 10B. KIND OF BUSINESS OR INDUSTRY: CITY OF BALTO 11. BIRTHPLACE (State or foreign country): MARYLAND 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS P. MONAHAN 14. MOTHER'S MAIDEN NAME: BACTKER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 216-03-5132 17. INFORMANT: HOSPITAL RECORDS ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 412.4 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: A.S.C.V.D. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] 21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 6-20 1970 to 7-16 1970 that (I) (we) last saw the deceased alive on 7-16 1970 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Iain C. Kerr MB ChB DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] 23B. DATE SIGNED: 7-17-70

23C. PHYSICIAN'S NAME (Type): IAIN C. KERR MB ChB DEGREE 23D. ADDRESS: BON SECOURS ~~HOSP~~ 2525 W. Fayette St BALTO MD 21223

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 7-18-70 24C. NAME of CEMETERY or CREMATORY: New Cathedral Cem 24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970 25B. NAME OF REGISTRAR: Robert E. Talbert, M.D. 25C. FUNERAL DIRECTOR: Thomas J. Kenny Inc 1600 Hollins St ADDRESS:

VS 150-REV. 1/1/68

K-000 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7170 REG. NO. 70 7170

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): THOMAS JOSEPH KEHOE

2. DATE AND HOUR OF DEATH: July 16, 1970 | 11:45 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Ave., Baltimore, 21224, Md.

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4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2608
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3409 E. Lombard St. # 21224.

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: Feb. 7, 1905
9. AGE (In years last birthday): 65
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY: Steel Worker
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Kehoe
14. MOTHER'S MAIDEN NAME: Margaret Cosgrove
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: 213-05-5888A
17. INFORMANT: Catherine E. Beach
ADDRESS: 3409 E. Lombard St. #24

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

410.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Coronary thrombosis
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 5/12 1976 to ____ 19__ that (I) (we) last saw the deceased alive on 5/12 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. H. Goodman MD DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/17/70
23C. PHYSICIAN'S NAME (Type): JULIUS H. GOODMAN DEGREE
23D. ADDRESS: 9 S. Highland Ave., Balto., 21224, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-20-70.
24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): 7225 Eastern Blvd., Ba.Co., Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Charles S. Seiler
ADDRESS: 901 S. Conkling St. Balto., 21224, Md.

VS 150-REV. 1/1/68

K-5631

BIRTH NO. 70 7171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7171

1. NAME OF DECEASED (Type or Print): KENNARD, Charles

2. DATE AND HOUR OF DEATH: 7/15/70 | 9:25 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 1403

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [XX] NO [ ]

E. STREET AND NUMBER: 1347 North Avenue

5. SEX: Male

6. RACE: Negro

7. MARRIED [XX] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 3/4/06

9. AGE (In years last birthday): 64

If Under 1 Yr. Months: | Days: | If Under 24 Hrs. Hours: | Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Beef Co.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marion Kennard

14. MOTHER'S MAIDEN NAME: Frances Wright

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216 05 3502

17. INFORMANT: Elizabeth Kennard ADDRESS: 1347 W. North Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I 436.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebral Vascular Accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 hours

DUE TO, OR AS A CONSEQUENCE OF:

(B) HYPERTENSION — 12 years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from July 15 1970 to July 15 1970 that ~~I~~ (we) last saw the deceased alive on July 15 1970 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~I~~ (We) (did) ~~did not~~ view the body after death.

23A. SIGNATURE: Steven R. Austin, M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 7/15/70

23C. PHYSICIAN'S NAME (Type): STEVEN R. AUSTIN DEGREE

23D. ADDRESS: 550 No. ~~Broadway~~ Baltimore, ~~Baltimore~~ Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/21/70

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: Chatman Funeral Home ADDRESS: 1701 McCulloh St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

M-600

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 7172

REG. NO. 70 7172

1. NAME OF DECEASED (Type or Print): James Jacob Murray

2. DATE OF DEATH — Known ☐ Estimated ☐ — Month: 6 Day: 29 Year: 70 Hour: 8:50 a M.

3. DATE PRONOUNCED DEAD — Month: 6 Day: 29 Year: 70 Hour: 8:50 aM.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Police Boat Gaither

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 302

6. SEX: male

7. RACE: White

8. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: Nov. 11, 1912

10. AGE (In years last birthday): 57

If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 48 Albemarle Street

11. BIRTHPLACE (State or foreign country): Balto. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles V. Murray Sr.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Ada Fitch

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): 214-27-4407

17. SOCIAL SECURITY NO.: ~~218-32-1155~~

18. INFORMANT: Charles V. Murray Jr. — ADDRESS: 17 E. Lorely Beach Rd.

MEDICAL CERTIFICATION

19. E 984 X

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Drowning

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Pier

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 100 ft. south of pier #4 Pratt St.

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR? =

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☒

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒

DATE SIGNED: 6/29/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/16/70

24C. NAME of CEMETERY or CREMATORY: Parkwood Cem.

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970

25B. NAME OF REGISTRAR: Robert E. Faberg M.D.

25C. FUNERAL DIRECTOR: John C. Miller Inc. — ADDRESS: 6415 Belair Rd.

VS 151-REV. 1/1/68

N 994.1

M-235 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7173 X REG. NO. 70 7173

1. NAME OF DECEASED (Type or Print): FLORENCE M. McDONALD

2. DATE AND HOUR OF DEATH: 7/17/70 | 4:25 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 35 CHURCH HOME AND HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTO. 5300
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 613 S 47th Street

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 3-7-1903
9. AGE (In years last birthday): 67
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM HERZ
14. MOTHER'S MAIDEN NAME: ANNA DOUGHERTY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 911-18-4887
17. INFORMANT: Hosp. Chart ADDRESS:

MEDICAL CERTIFICATION

18. I 9510

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: WIDESPREAD TUMOR METASTASIS — 4 months
DUE TO, OR AS A CONSEQUENCE OF:
(B) Intraabdominal Ca with — 3.4 months
DUE TO, OR AS A CONSEQUENCE OF:
(C) Lung Metastasis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): None

19A. DATE OF OPERATION: APRIL 1970
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: CA
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NONE
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 6-30 19 70 to July 17 19 70 that (I) (we) last saw the deceased alive on July 17 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Carlito C. Tabora MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: JULY 17, 1970
23C. PHYSICIAN'S NAME (Type): CARLITO C. TABORA DEGREE
23D. ADDRESS: Baltimore, Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7/20/70
24C. NAME of CEMETERY or CREMATORY: OAK LAWN
24D. LOCATION (City, town, or county) (State): BALTO. MD.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: J. H. Connelly Son
ADDRESS: 300 [illegible] Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-500 1

RELEASED AS NON-MED BY M.E. OFFICE 7/16/70

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7174 X REG. NO. 70 7174

1. NAME OF DECEASED (Type or Print): JURI HIINO

2. DATE AND HOUR OF DEATH: 7/16/70 1:44 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Jol 33 The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore Co 53.06
C. CITY OR TOWN: Towson D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1306 ~~W. Ellen Drive~~ Westellen Rd.

5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8/15/1916
9. AGE (In years last birthday): 53
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Medical Doctor
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Estonia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mart Hinno
14. MOTHER'S MAIDEN NAME: Elias

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 098-26-5531
17. INFORMANT: Mrs Erika Hinno
ADDRESS: 1306 Westellen Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
410.9	(A) IMMEDIATE CAUSE: MYOCARDIAL INFARCT	6 hours
	DUE TO, OR AS A CONSEQUENCE OF: (B) A SADDLE EMBOLUS and	6 hours.
	DUE TO, OR AS A CONSEQUENCE OF: (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 7/15-16
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: SADDLE EMBOLUS
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/15 1970 to 7/16 1970 that (I) (we) last saw the deceased alive on 7/16 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Carl E. Bredenberg DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7/16/70
23C. PHYSICIAN'S NAME (Type): Carl E. Bredenberg, M.D. DEGREE
23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-20-70
24C. NAME of CEMETERY or CREMATORY: Parkwood Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Leonard J Ruck Inc.
ADDRESS: Balto Md. 21214

VS 150-REV. 1/1/68

R-360 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7175 REG. NO. 70 7175

1. NAME OF DECEASED (Type or Print): Andrew U. Ritter

2. DATE AND HOUR OF DEATH: July 16, 1970 | 9 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 1318 East 35th St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 902
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1318 E 35th St

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: May 19, 1903.
9. AGE (In years last birthday): 67 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Steel Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Ritter
14. MOTHER'S MAIDEN NAME: Johana Sessler
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): W W 2
16. SOCIAL SECURITY NO.: 212-05-2432 A
17. INFORMANT: Mrs Catherine M Ritter ADDRESS: Same

MEDICAL CERTIFICATION

18. 157.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Carcinoma of Pancreas — 6 mos.
DUE TO, OR AS A CONSEQUENCE OF: —
(B) DUE TO, OR AS A CONSEQUENCE OF: —
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 16 1970 to July 16 1970 that (I) (we) last saw the deceased alive on July 15 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: George Sawyer M.D. DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/27/70
23C. PHYSICIAN'S NAME (Type): G.J. Sawyer Jr M.D. DEGREE
23D. ADDRESS: 4808 Harford Rd Baltimore, Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/20/70.
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Leonard J Ruck Inc, ADDRESS: Baltimore, Maryland

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-620 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7176 REG. NO. 70 7176

1. NAME OF DECEASED (Type or Print): Albert Thomas Byers
2. DATE AND HOUR OF DEATH: July 13, 1970 | 8 05 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: University of Maryland Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Carroll
Mt. Airy, Maryland 56-00
C. CITY OR TOWN: Mt. Airy
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Route 2
5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10-1-95
9. AGE (In years last birthday): 74
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Taylorsville, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Thomas J. Byers
14. MOTHER'S MAIDEN NAME: Rosa E. Franklin
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-09-3808A
17. INFORMANT: Frank A. Byers ADDRESS: Mt. Airy, Md.

MEDICAL CERTIFICATION

18. 438.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE: Aspiration Pneumonia
DUE TO, OR AS A CONSEQUENCE OF:
(B) Occlusion (L) Middle Cerebral
DUE TO, OR AS A CONSEQUENCE OF:
(C) ARTERY

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 7/7/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Carotid arch study for TIA's
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 2 19 70 to July 13 19 70 that (I) (we) last saw the deceased alive on July 13 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: David H. Snyder, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: July 13, 1970
23C. PHYSICIAN'S NAME (Type): Dr. David H. Snyder DEGREE
23D. ADDRESS: Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/17/1970
24C. NAME of CEMETERY or CREMATORY: Taylorsville
24D. LOCATION (City, town, or county) (State): Taylorsville, Carroll, Md.
25A. DATE REC'D BY HEALTH DEPT. JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Jacobs M.D.
25C. FUNERAL DIRECTOR: C.M. Waltz, ADDRESS: Box 241, Sykesville, Md.

VS 150-REV. 1/1/68

57-06-23 db

C-455

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7177 REG. NO. 70 7177

1. NAME OF DECEASED (Type or Print): Leroy Coleman

2. DATE AND HOUR OF DEATH: 7-15-70 5:05 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: BALTIMORE CITY HOSPITALS
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4940 Eastern Avenue, Baltimore, Maryland 21224
31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: Maryland, Baltimore
C. CITY OR TOWN:
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1306 Ensor Street 21202 007 9-09

5. SEX: Male
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 1-19-19
9. AGE (In years last birthday): 51
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. Coleman
14. MOTHER'S MAIDEN NAME: ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: 4940 Eastern Avenue BCH-Records Baltimore, Maryland 21224 ADDRESS

MEDICAL CERTIFICATION

18. E8147

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Bronchopneumonia Complicating Multiple Injuries — 4 ~~days~~ Months
DUE TO, OR AS A CONSEQUENCE OF:
(B) ~~Generalized state after brain stem cerebral contusion~~
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

CHIEF OF MEDICAL EXAMINERS — ASST. MEDICAL EXAMINER — CORONER — MEDICAL EXAMINER APPROVED BY

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Central Ave & Eager St. 10-02
21D. TIME OF INJURY (APROX.) (Month) (Day) (Year) (Hour): 4-18-70 8 40 Pm
21E. INJURY OCCURRED While At Work [ ] Not While At Work [X]
21F. HOW DID INJURY OCCUR? Pedestrian struck by Car

22. I certify that (I) (this hospital) attended the deceased from 6-18- 19 70 to 7-15-70 19 that (I) (we) last saw the deceased alive on 7-15-70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Alarcón MD. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7-15-70
23C. PHYSICIAN'S NAME (Type): GRACIELA ALARCÓN DEGREE
23D. ADDRESS: BCH- 4940 Eastern Avenue Baltimore, Maryland 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/20/70
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary
24D. LOCATION (City, town, or county) (State): A. A. County, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Jaeber, M.D.
25C. FUNERAL DIRECTOR: Joseph L. Locke
ADDRESS: 1304 N. Central Ave

VS 150-REV. 1/1/68

H-5701

70 7178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7178

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Hammel Adam — ADAM HAMMEL

2. DATE AND HOUR OF DEATH: 7/18/70 12:15 AM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 6043 Arizona Ave. 26-41

5. SEX: M 6. RACE: C 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: Feb 11, 1903 9. AGE (In years last birthday): 67 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Worker in Bethlehem Steel
10B. KIND OF BUSINESS OR INDUSTRY: steel plant

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Adam Hammel
14. MOTHER'S MAIDEN NAME: Ann

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-07-4725
17. INFORMANT: Old Chart Johns Hopkins Hospital — ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 490X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Unknown Possible Myocardial — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF: infarct of CVA
(B) Diseased Heart with old infarcts
DUE TO, OR AS A CONSEQUENCE OF:
(C) Arteriosclerosis Bronchitis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Ate little during last wk. in hospital

19A. DATE OF OPERATION: 7/12/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Embolism in Leg
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/2 19 70 to 7/18 19 70 that (I) (we) last saw the deceased alive on 7/17 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Henry D. Ziegler MD DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7/18/70
23C. PHYSICIAN'S NAME (Type): Henry D. Ziegler MD DEGREE
23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-21-1970
24C. NAME of CEMETERY or CREMATORY: Holy Rosary
24D. LOCATION (City, town, or county) (State): Baltimore County, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Talbey, M.D.
25C. FUNERAL DIRECTOR: Lilly & Zeiler Inc. ADDRESS: 1901-07 Eastern Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

K-400

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 7179 REG. NO. 70 7179

1. NAME OF DECEASED (Type or Print): EDWARD R. J. KELLY

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month July Day 14 Year 1970 Hour 11:00 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 616 Melville Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 903
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 616 Melville Avenue

6. SEX: Male
7. RACE: White
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: AUGUST 1, 1903
10. AGE (In years last birthday): 66
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): BALTO., MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: PETER J. KELLY

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED PLUMBER
14B. KIND OF BUSINESS OR INDUSTRY: FOSLER BROS. PLUMBING
15. MOTHER'S MAIDEN NAME: NELLIE CASSIDY

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): YES (If yes, give war or dates of service): W.W. II U.S.N.
17. SOCIAL SECURITY NO.: 212-05-4364
18. INFORMANT: MRS. CATHERINE KELLY ADDRESS: SAME

MEDICAL CERTIFICATION

19. I 162.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Carcinoma of Lung

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 7/15/70

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-17-1970
24C. NAME of CEMETERY or ~~CREMATORY~~: BALTIMORE U.S. NATIONAL
24D. LOCATION (City, town, or county) (State): BALTO., MD.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: J. Walter Conklin ADDRESS: 5444 BELAIR RD.

VS 151-REV. 1/1/68

K-4001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7180 X REG. NO. 70 7180

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): MAY V. KUHL

2. DATE AND HOUR OF DEATH: July 16. 1970 | 12:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 6 53-00
C. CITY OR TOWN: Baltimore 21234
D. INSIDE CITY LIMITS? YES ☐ NO ☒ XX
E. STREET AND NUMBER: 8165 Glen Gary Road

5. SEX: female
6. RACE: Caucasian
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Aug. 8,1893
9. AGE (In years last birthday): 76 Yrs.
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John R. Korb
14. MOTHER'S MAIDEN NAME: Beetha ??

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): -- ----
(If yes, give war or dates of service): - ---- ----------
16. SOCIAL SECURITY NO. 217-22-1998D
17. INFORMANT: Mrs. Anita K. Grauel, Same as # 4
ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 410.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden
DUE TO, OR AS A CONSEQUENCE OF: ASCVD — years
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from May 9 1966 to July 16 1970, that (I) (~~we~~) last saw the deceased alive on January 18 1968 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death. Phone contact on 7/13/70

23A. SIGNATURE: J. Frank Supplee, III DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7/17/70
23C. PHYSICIAN'S NAME (Type): J. Frank Supplee, III DEGREE
23D. ADDRESS: 1010 St Paul St, Balt 2, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-18-1970
24C. NAME of CEMETERY or CREMATORY: Woodlawn Cemetery
24D. LOCATION (City, town, or county) (State): Woodlawn, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: Wm. Cook-Brooks Towson, 1050 York Road
ADDRESS: Towson, Maryland 212

VS 150-REV. 1/1/68

D-525 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7181

REG. NO. 70 7181

1. NAME OF DECEASED (Type or Print): Helena M. Dunnigan

2. DATE AND HOUR OF DEATH: July 17, 1970 6:50 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3604 Buena Vista Ave., Balto., Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: 1348

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 3604 Buena Vista Ave.

5. SEX: F

6. RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 4-15-1882

9. AGE (In years last birthday): 88

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: n/a

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Burton

14. MOTHER'S MAIDEN NAME: Margaret Grimes

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 220-54-5141

17. INFORMANT: James V. Dunnigan, 3624 Buena Vista Ave.

CAUSE OF DEATH

MEDICAL CERTIFICATION

I

18. 145.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Generalized Metastasis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

DUE TO, OR AS A CONSEQUENCE OF: Carcinoma

(B) Ca of the breasts — 1 yr.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 7-15 1970 to 7-17 1970, that (I) (~~we~~) last saw the deceased alive on 7-15 1970 and that in (~~my~~) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Lawrence J. Shimanek MD DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 7-17-70

23C. PHYSICIAN'S NAME (Type): L. J. Shimanek MD DEGREE

23D. ADDRESS: 3711 Falls Rd Balto Md 21211

24A. BURIAL CREMATION, REMOVAL (Specify): burial

24B. DATE: 7-21-70

24C. NAME of CEMETERY or CREMATORY: Baltimore National

24D. LOCATION (City, town, or county) (State): Frederick Road, Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: Ann Donovan

ADDRESS: 3818 Roland Ave.

VS 150-REV. 1/1/68

1

5-363

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 7182

REG. NO. 70 7182

1. NAME OF DECEASED (Type or Print): Raymond Stewart

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month / Day / Year / Hour

3. DATE PRONOUNCED DEAD — Month 7 Day 14 Year 70 Hour 6:35 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2 N. Gay St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 401
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2 N. Gay St.

6. SEX: male
7. RACE: white
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
9. DATE OF BIRTH: Unk.
10. AGE (In years last birthday): 70
If Under 1 Yr. If Under 24 Hrs. Months / Days / Hours / Min.
11. BIRTHPLACE (State or foreign country): Unk.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unknown
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
14B. KIND OF BUSINESS OR INDUSTRY: Restaurant
15. MOTHER'S MAIDEN NAME: Unknown
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Unk.
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Mrs. Eliz. Wiengruber — ADDRESS: 106 W. Randall St

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E953X

(A) IMMEDIATE CAUSE: Hanging
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2 N. Gay St. 401
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 7 14 70 ? a.m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? hanged self

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☒ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Werner U. Spitz, M.D. M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
Deputy Chief Medical Examiner
DATE SIGNED: 7/14/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7 17 70
24C. NAME of CEMETERY or CREMATORY: Glen Haven
24D. LOCATION (City, town, or county) (State): Glen Byrnie, A. A. Co. Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Mc Cully — ADDRESS: 130 E. Fort Ave

VS 151-REV. 7/1/68

N 994.7

G-420 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70-12135 170 7183 X REG. NO. 70 7183

1. NAME OF DECEASED (Type or Print): DAVID GILES

2. DATE AND HOUR OF DEATH: 15 JULY, 1970 | 2:35 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): U. of Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: A.A. Co. 52.00
C. CITY OR TOWN: Dorsey MD D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 376 Ohio Ave

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7/10/70
9. AGE (In years last birthday): If Under 1 Yr. Months: 0 Days: 5 Hours: Min.: If Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): BALTIMORE
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: CURTIS GILES
14. MOTHER'S MAIDEN NAME: SCHMIDT
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
If yes, give war or dates of service: —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Med Records ADDRESS:

MEDICAL CERTIFICATION

18. 776.1 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH (1) Hyaline Membrane Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5d

(A) IMMEDIATE CAUSE ~~[illegible]~~
DUE TO, OR AS A CONSEQUENCE OF: Pulmonary hemorrhage — 1 day

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C) Prematurity — 5 days

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 19 70 to 15 July 19 70 that (I) (we) last saw the deceased alive on 15 July 19 70 and that to ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: John V. Payne DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): JOHN V. PAYNE DEGREE
23D. ADDRESS: U of Md Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/17/70
24C. NAME of CEMETERY or CREMATORY: Mendowridge Memorial Pk.
24D. LOCATION (City, town, or county) (State): Elkridge Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: F. Ware Singleton Funeral Home
ADDRESS: Ellicott City, Md

VS 150-REV. 1/1/68

5-160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7184 REG. NO. 70 7184

1. NAME OF DECEASED (Type or Print): Anna Schaffer

2. DATE AND HOUR OF DEATH: July 13, 1970 8:45 PM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md B. COUNTY: Balto. 5300
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 905 Dalton Ave

5. SEX: F
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 6-19-96
9. AGE (In years last birthday): 74
If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Candy Dipper
10B. KIND OF BUSINESS OR INDUSTRY: Virginia Dare
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William EBerwein
14. MOTHER'S MAIDEN NAME: Sarah Fosler

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-10-9917A
17. INFORMANT: William F. Schaffer, husband, above ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple Myeloma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 mo
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: none
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this ~~hospital~~) attended the deceased from 7/6 1970 to 7/13 1970 that (I) (~~we~~) last saw the deceased alive on 7/13 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: S. Edwin Muller MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/15/70
23C. PHYSICIAN'S NAME (Type): S. EDWIN MULLER MD DEGREE
23D. ADDRESS: 1120 ST Paul St. Baltimore, Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/17/70
24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Lasher, M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

E-265 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7185 REG. NO. 70 7185

1. NAME OF DECEASED (Type or Print): Louis Elmer Eichhorn

2. DATE AND HOUR OF DEATH: July 15, 1970 | 8 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 2643
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3624 Chesterfield Ave

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Nov. 1, 1913
9. AGE (In years last birthday): 56
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Lucas Bros.
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Martin ~~Eichhorn~~ Eichhorn
14. MOTHER'S MAIDEN NAME: Blanche ~~Heard~~ Heard
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-03-5351
17. INFORMANT: Anna Craven Eichhorn, wife, above
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: URAEMIA
DUE TO, OR AS A CONSEQUENCE OF:
(B) CHRONIC RENAL FAILURE
DUE TO, OR AS A CONSEQUENCE OF:
(C) DIABETES MELLITUS

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

250.9

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 6-26 19 70 to 7-15 19 70 that ~~(I)~~ (we) last saw the deceased alive on 7-15 19 70 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Patrick A. Molony MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 7/15/70.
23C. PHYSICIAN'S NAME (Type): PATRICK A. MOLONY MD DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/18/70
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-2501

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7186 REG. NO. 70 7186

1. NAME OF DECEASED (Type or Print): Glenn Bernard Wixon

2. DATE AND HOUR OF DEATH: July 15, 1970 2:00 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): USPHS Hospital 3100 Wyman Park Dr.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2631
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4709 Bayonne Avenue

5. SEX: Male
6. RACE: Cau
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2-9-25
9. AGE (In years last birthday): 45
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Radioman Chief
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Navy
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Glenn Wixon
14. MOTHER'S MAIDEN NAME: Mae Megan
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): 1943-1946, 1949-1964
16. SOCIAL SECURITY NO.: 495-20-2800
17. INFORMANT: Records, USPHS Hospital, Baltimore, Md. 21211
ADDRESS:

MEDICAL CERTIFICATION

18. 148.1

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Pleural Effusion, Massive — Days
DUE TO, OR AS A CONSEQUENCE OF:
(B) Metastatic Carcinoma — Months
DUE TO, OR AS A CONSEQUENCE OF:
(C) Carcinoma of Pyriform Sinus — Months

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Compression of Spinal Cord — Weeks

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from May 27, 1970 19 ___ to July 15 19 70 that ~~I~~ (we) last saw the deceased alive on July 15 19 70 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~I~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Samuel P. Ward, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: July 15, 1970
23C. PHYSICIAN'S NAME (Type): SAMUEL P. WARD, Surg (R) DEGREE
23D. ADDRESS: USPHS Hospital, Baltimore, Md. 21211

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/17/70
24C. NAME of CEMETERY or CREMATORY: Balto. Nat. Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Jabey, M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

G-610

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7187 REG. NO. 70 7187

1. NAME OF DECEASED (Type or Print): CATHERINE GRAFF

2. DATE AND HOUR OF DEATH: July 14, 1970 7:00 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1339 Sherwood Avenue
00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 21224 0103
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2603 Eastern Avenue

5. SEX: female
6. RACE: white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 5/30/92
9. AGE (In years last birthday): 78
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: a t home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Paul Schroll
14. MOTHER'S MAIDEN NAME: Margaret Schmidt

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-52-2543
17. INFORMANT: Marie E. Kriss, dght. ADDRESS: 1339 Sherwood Av.

MEDICAL CERTIFICATION

18. 174X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1 (A) IMMEDIATE CAUSE: Carcinoma, Breast
DUE TO, OR AS A CONSEQUENCE OF: c Metastasis
(B) Brain, liver + Skin
DUE TO, OR AS A CONSEQUENCE OF:
2 (C) Arteriosclerotic Heart Disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Slight Pneumonia

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from May 1 1970 to July 14 1970 that (I) (we) last saw the deceased alive on July 14 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Donald W. Mintzer DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: July 17 1970
23C. PHYSICIAN'S NAME (Type): Dr. Donald W. Mintzer DEGREE
23D. ADDRESS: 3009 Evergreen Ave.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/18/70
24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

N-550 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

BIRTH NO. 70 7188 REG. NO. 70 7188

1. NAME OF DECEASED (Type or Print): Ruby Newman

2. DATE AND HOUR OF DEATH: 7/9/70 3:50 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: BALTIMORE 53-00
C. CITY OR TOWN: PIKESVILLE D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 670 Military Ave

5. SEX: F 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 2/5/05 9. AGE (In years last birthday): 65 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNEMPloye
10B. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): WASHINGTON, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: RICHARD A. NEWMAN
14. MOTHER'S MAIDEN NAME: MARGARET NIXON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: 216-56-5519
17. INFORMANT: MRS. U. S. FISHER, 5023 MIDDLETON LANE CAMP SPRING Md. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute G.I. hemorrhage — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: hours
DUE TO, OR AS A CONSEQUENCE OF:
(B) Stress ulcer — days
DUE TO, OR AS A CONSEQUENCE OF:
(C) metastatic G.I. malignancy — Months

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). cerebro vascular accident — Months

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/27/ 19 70 to 7/9 19 70 that (I) (~~saw~~) last saw the deceased alive on 7/8/ 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Alan Steinberg MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): ALAN STEINBERG MD DEGREE
23D. ADDRESS: Sinai Hosp

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 11, 1970
24C. NAME of CEMETERY or CREMATORY: FORT WINCHON CEMETERY
24D. LOCATION (City, town, or county) (State): BLADENSBURG Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Jaeber, M.D.
25C. FUNERAL DIRECTOR: Frank R. Newell, Pikesville, Md. ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7189 REG. NO. 70 7189

1. NAME OF DECEASED (Type or Print): MILLER, MARJORIE

2. DATE AND HOUR OF DEATH: 7-16-70 8 10 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Bolton Hill Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD B. COUNTY: Baltimore, 2714
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [xx] NO [ ]
E. STREET AND NUMBER: 4325 Falls Road

5. SEX: F 6. RACE: W 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [✓] DIVORCED [ ]

8. DATE OF BIRTH: 4-12-1894 9. AGE (In years last birthday): 76 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr. coffee shop
10B. KIND OF BUSINESS OR INDUSTRY: coffee shop
11. BIRTHPLACE (State or foreign country): Tilghman, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Frampton
14. MOTHER'S MAIDEN NAME: Anna Jones

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-14-1734
17. INFORMANT: Bolton Hill Nursing Home · ADDRESS: 1400 John St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 404X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Decompensation — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 months

DUE TO, OR AS A CONSEQUENCE OF:

(B) Generalized Arteriosclerotic — 5+ yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(C) Cardio Renal-Vascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 2/22 1970 to 7/16 1970, that (I) (~~we~~) last saw the deceased alive on 7/15 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Charles F. O'Donnell DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/16/70

23C. PHYSICIAN'S NAME (Type): Charles O'Donnell DEGREE
23D. ADDRESS: 7501 York Road, Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): burial
24B. DATE: 7-20-70
24C. NAME of CEMETERY or CREMATORY: Western Cemetery
24D. LOCATION (City, town, or county) (State): Edmondson Ave., Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Ann Donovan, ADDRESS: 3818 Roland Ave., Balto.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-1431

BIRTH NO. 70 7190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7190

1. NAME OF DECEASED (Type or Print): Richard Scofield

2. DATE AND HOUR OF DEATH: 7/16/70 | 8:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Anne Arundle 52-10
C. CITY OR TOWN: Annapolis
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 252 King George Street 21401

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 4/18/98
9. AGE (In years last birthday): 72
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INSTRUCTOR
10B. KIND OF BUSINESS OR INDUSTRY: EDUCATION
11. BIRTHPLACE (State or foreign country): CALIFORNIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Scofield
14. MOTHER'S MAIDEN NAME: Irene Buckingham

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-30-8463
17. INFORMANT: TOLVA SCOFIELD - WIFE - ADDRESS: #4 ABOVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 min
DUE TO, OR AS A CONSEQUENCE OF:
(B) Metastatic Carcinoma
DUE TO, OR AS A CONSEQUENCE OF:
(C) Bladder

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/23 19 70 to 7/16 19 70 that (I) (we) last saw the deceased alive on 7/16 19 70 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Michael H. Merson MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7/16/70
23C. PHYSICIAN'S NAME (Type): MICHAEL H. MERSON DEGREE
23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-20-70
24C. NAME of CEMETERY or CREMATORY: GREENMOUNT
24D. LOCATION (City, town, or county) (State): BALTIMORE, MD.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: W. Dorsey Bradley, Baltimore, Md. ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7191 REG. NO. 70 7191

1. NAME OF DECEASED (Type or Print): Annie L. Newell
2. DATE AND HOUR OF DEATH: 7/16/1970 12:15 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1101 St. Paul Street
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1101
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1101 St. Paul Street
5. SEX: Female
6. RACE: Whmite
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Dec.7,1877
9. AGE (In years last birthday): 92 — If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Norfolk, Val
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: ? Lee
14. MOTHER'S MAIDEN NAME: Lucy Curtis
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-44-4565
17. INFORMANT: Mrs. Katherine N. Powell — ADDRESS: 1101 ~~XXXXX~~ St. Paul St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Encephalomalacia — 6 months

DUE TO, OR AS A CONSEQUENCE OF:

(B) Cerebral arteriosclerosis — 5 years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

437.9

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from October 1962 to July 16 1970 that (I) ~~(we)~~ last saw the deceased alive on July 13 1970 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ ~~(did)~~ (did not) view the body after death.

23A. SIGNATURE: W B Daniels, Jr. M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/16/70
23C. PHYSICIAN'S NAME (Typed): W. B. Daniels, Jr. DEGREE
23D. ADDRESS: 11 E. Chase St. Baltimore Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/18/70
24C. NAME of CEMETERY or CREMATORY: Elmwood Cemetery
24D. LOCATION (City, town, or county) (State): Norfolk Va.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Tarbey, M.D.
25C. FUNERAL DIRECTOR: Mitchell-Wiedefeld — ADDRESS: 6500 York Rd

VS 150-REV. 1/1/68

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. X 70 7192

BIRTH NO. 70 7192

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): MARY VIOLA BROWN

2. DATE AND HOUR OF DEATH: July 16, 1970 5:35 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 St. Agnes Hospital, Caton & Wilkens Avenues

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 5300
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 130 Oaklee Village

5. SEX: Female 6. RACE: White 7. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 12-29-1895 9. AGE (In years last birthday): 74 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Conrad Glaenzer 14. MOTHER'S MAIDEN NAME: Catherine Piefer

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Joseph C. Brown, 130 Oaklee Village ADDRESS 21229

MEDICAL CERTIFICATION

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Ruptured Aortic Aneurysm — 5 MINUTES
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerotic Cardiovascular Disease
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1950 19 to 19, that (I) (we) last saw the deceased alive on 6/22/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: John Davis MD DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7/17/70
23C. PHYSICIAN'S NAME (Type): Dr John R. Davis DEGREE
23D. ADDRESS: 401 Medical Arts Bldg., Balto., Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-20-1970
24C. NAME of CEMETERY or CREMATORY: Baltimore National Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard, 4107 Wilkens Ave. ADDRESS 21229

VS 150-REV. 1/1/68

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7193

REG. NO. 70 7193

1. NAME OF DECEASED (Type or Print): Siford, Mrs. Margaret R.

2. DATE AND HOUR OF DEATH: 7-15-70 | 9 30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Keswick Home for Incurables of Balto., City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: Keswick Home 700 W. 40 th St. 2718
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 700 W. 40th Street Balto. 21211 Md.

5. SEX: F.
6. RACE: W.
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 8-27-1880
9. AGE (In years last birthday): 89 | If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none HOMEMAKER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto., Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Patrick McNicholas
14. MOTHER'S MAIDEN NAME: Julia Hurst
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO | (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 218-52-2445
17. INFORMANT: Keswick Files | ADDRESS: 700 W. 40 th St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Arteriosclerotic CVD — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: terminal episode 30 yrs
DUE TO, OR AS A CONSEQUENCE OF:
(B) Generalized Arteriosclerosis yrs
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 23 June 19 70 to 15 July 19 70, that (I) (we) last saw the deceased alive on 15 July 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Harold P. Bell MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 15 July 70
23C. PHYSICIAN'S NAME (Type): DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7/20/70
24C. NAME of CEMETERY or CREMATORY: NEW CATHEDRAL
24D. LOCATION (City, town, or county) (State): BALTIMORE, MD.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: MITCHELL-WIEDEFELD HOME
ADDRESS: 6500 YORK

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1110 Elbank Ave. 21212

Z-416 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7194 REG. NO. 70 7194

1. NAME OF DECEASED (Type or Print) ZYLBERMINC, MORDKA

2. DATE AND HOUR OF DEATH 7.15.70 1:50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

SINAI HOSPITAL of BALTO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 2719

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 5814 Jonquil Ave

5. SEX: MALE 6. RACE: WHITE 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

9. AGE (In years last birthday): 62 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT

10B. KIND OF BUSINESS OR INDUSTRY: RETAIL

11. BIRTHPLACE (State or foreign country): POLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BAER ZYLBERMINC

14. MOTHER'S MAIDEN NAME: SARAH ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-34-4622

17. INFORMANT: MRS. HANNAH ZYLBERMINC, ADDRESS: 5814 JONQUIL AVE.

MEDICAL CERTIFICATION

18. 410.9

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ACUTE MYOCARDIAL INFARCTION — HOURS

DUE TO, OR AS A CONSEQUENCE OF:

(B) ARTERIOSCLEROTIC VASCULAR DISEASE — YEARS

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7.15.70 19 to 7.15.70 19 that (I) (we) last saw the deceased alive on 7.15.70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. Bodenheimer M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 7.15.70

23C. PHYSICIAN'S NAME (Type): M. BODENHEIMER, M.D. DEGREE

23D. ADDRESS: Sinai Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 7-16-70

24C. NAME of CEMETERY or CREMATORY: SHOMREI MISHMERES

24D. LOCATION (City, town, or county) (State): ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

L-150

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7195 REG. NO. 70 7195

1. NAME OF DECEASED (Type or Print): Levin, Max

2. DATE AND HOUR OF DEATH: July 15, 1970 5:37 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Pleasant Manor Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2720
C. CITY OR TOWN: City
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 3716 Clarinth Road

5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 12/15/1897
9. AGE (In years last birthday): ~~XXX~~ 72
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PRINTER
10B. KIND OF BUSINESS OR INDUSTRY: PRINTING
11. BIRTHPLACE (State or foreign country): LITHUANIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: RUBIN LEVIN
14. MOTHER'S MAIDEN NAME: BESSIE EISENBERG

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-01-5528
17. INFORMANT: MRS. SARAH LEVIN, ADDRESS: 3617 CLARINTH ROAD

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — 1B. 153.8 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic Ca. of Colon — 1 yr
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): arteriosclerotic heart disease — 6 mo

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Nov 1968 to July 15 1970, that (I) (~~we~~) last saw the deceased alive on July 15 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Jonas H. Cohen DEGREE — Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7/15/70
23C. PHYSICIAN'S NAME (Type): JONAS H. Cohen DEGREE
23D. ADDRESS: 6707 Park Heights Ave.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-16-70
24C. NAME of CEMETERY or CREMATORY: AITZ CHAIM
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7196

REG. NO. 70 7196

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): FANNY PIPER

2. DATE AND HOUR OF DEATH: July 16, 1970 — 12:30 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 6007 WESTERN RUN DRIVE

00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2740
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 6007 WESTERN RUN DRIVE

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED XX DIVORCED ☐
8. DATE OF BIRTH:
9. AGE (In years last birthday): 74 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): ENGLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: HYMAN FREEDMAN
14. MOTHER'S MAIDEN NAME: BETSIE ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS. IDA PARIS, 6007 WESTERN RUN DR. #21209 — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of Sigmoid — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 yr
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 11 1970 to July 16 1970, that (I) (we) last saw the deceased alive on July 16 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Joseph Gross — DEGREE: Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): JOSEPH GROSS — DEGREE
23D. ADDRESS: 6911 PARK HEIGHTS AVENUE

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-17-70
24C. NAME of CEMETERY or CREMATORY: MIKRO KODESH
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD — ADDRESS

VS 150-REV. 1/1/68

G-426

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7197 REG. NO. 70 7197

1. NAME OF DECEASED (Type or Print): MAURICE GLAZER

2. DATE AND HOUR OF DEATH: 7/16/70 12 50 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2740
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 6305 Greenspring Ave

5. SEX: MALE 6. RACE: WHITE 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: ~~3/18/21~~ 7/18/21 9. AGE (In years last birthday): 49 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BROKER
10B. KIND OF BUSINESS OR INDUSTRY: REAL ESTATE
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: MILTON GLAZER
14. MOTHER'S MAIDEN NAME: CELIA F. FRANK

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES (If yes, give war or dates of service): ARMY W.W. II
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS. LOUISE GLAZER ADDRESS: 6305 GREENSPRING AVE. #9

MEDICAL CERTIFICATION

18. 410.9 I CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Ventricular Fibrillation
DUE TO, OR AS A CONSEQUENCE OF:
(B) Acute Myocardial Infarct
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/28/70 19 70 to 7/16/ 19 70 that (I) (~~we~~) last saw the deceased alive on 7/16 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Ralph Epstein MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7/16/70
23C. PHYSICIAN'S NAME (Type): Ralph Epstein MD DEGREE
23D. ADDRESS: SINAI HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-17-70
24C. NAME of CEMETERY or CREMATORY: BALTIMORE HEBREW
24D. LOCATION (City, town, or county) (State): REISTERSTOWN, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS. ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

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F-635

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 7198 REG. NO. 70 7198

1. NAME OF DECEASED (Type or Print): LOUIS DAVID FREEDMAN

2. DATE OF DEATH: Known [X] Estimated [ ] Month July Day 16 Year 1970 Hour M.

3. DATE PRONOUNCED DEAD: Month July Day 16 Year 1970 Hour 11:10 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Balto. 5300
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3951 Seton Hurst Avenue

6. SEX: Male
7. RACE: White
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 12-2-1917
10. AGE (In years last birthday): 52 If Under 1 Yr. or Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ISADORE FREEDMAN

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CUTTER
14B. KIND OF BUSINESS OR INDUSTRY: CLOTHING
15. MOTHER'S MAIDEN NAME: ESTHER ?

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): YES (If yes, give war or dates of service): W.W. II
17. SOCIAL SECURITY NO.: 213-01-6958
18. INFORMANT: MRS. BETTY FREEDMAN ADDRESS: 3951 SETONHURST RD. #8

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I 412.4 Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: July 16, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-17-70
24C. NAME of CEMETERY or CREMATORY: BETH ISAAC ADATH ISRAEL
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 151-REV. 1/1/68

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7199 REG. NO. 70 7199

1. NAME OF DECEASED (Type or Print): Leona Regina Freeman

2. DATE AND HOUR OF DEATH: 7/18/70 11:40 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): U. of Md. Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1803
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 125 S. Poppleton St.

5. SEX: F 6. RACE: W 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 3/25/02 9. AGE (In years last birthday): 68 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steno
10B. KIND OF BUSINESS OR INDUSTRY: U.S.F.&G.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HORACE FREEMAN
14. MOTHER'S MAIDEN NAME: KATHERINE DUNN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): unk (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 215-07-8720A
17. INFORMANT: Raymond Freeman ADDRESS: 4765 Olson Ave. 21206

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute MI — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 14 hrs
DUE TO, OR AS A CONSEQUENCE OF:

(B) Shock — 3 hrs
DUE TO, OR AS A CONSEQUENCE OF:

(C) Diabetes, Hypertension — unk

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

250.9

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/17 1970 to 7/18 1970 that (I) (we) last saw the deceased alive at 11:40 A.M. 7/18 1970 and that in (my) (our) opinion death occurred at the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Joseph Sappington, M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7/18/70
23C. PHYSICIAN'S NAME (Type): JOSEPH SAPPINGTON, M.D. DEGREE
23D. ADDRESS: 13306 FINSBURY COURT, LAUREL, MD

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/21/70
24C. NAME of CEMETERY or CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: John J. Cowan Sr. Inc. ADDRESS: 901 Harlem St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

L-348 1

BIRTH NO. 70 7200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7200

1. NAME OF DECEASED (Type or Print): Edith Ozella Little

2. DATE AND HOUR OF DEATH: July 14, 1970, 1 - A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Wesley Home, Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2755
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2211 W Rogers Ave.

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 20 June 1875
9. AGE (In years last birthday): 95
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Clarence Hepburn
14. MOTHER'S MAIDEN NAME: Nancy Viola Barry

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO. J1 213145218
17. INFORMANT: Mrs J. Henry Heil
ADDRESS: Falls Rd Box 76 21136

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 18 April 1969 to 14 July 1970, that (I) (~~we~~) last saw the deceased alive on 7 July 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: John N Barnaby DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 16 July 70
23C. PHYSICIAN'S NAME (Type): Dr. John W. Barnaby DEGREE
23D. ADDRESS: 1652 E. Belvedere Ave.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 17 July '70
24C. NAME of CEMETERY or CREMATORY: Druid Ridge Cem.
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Burgess Funeral Home
ADDRESS: Balto., Md
By Henry W. Burgess Jr.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

admitted to N.H 10/52

C-0562 1

RELEASE ON APPROVAL BY U.E. OFFICE

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7201 REG. NO. 70 7201

1. NAME OF DECEASED (Type or Print): John C. Connors, Jr
2. DATE AND HOUR OF DEATH: 7-13-70 | 9:25 PM M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38U of Md Hosp
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: 37 Solomons Island Rd 5210 — B. COUNTY: AA Co. — C. CITY OR TOWN: Annapolis — D. INSIDE CITY LIMITS? YES ☐ NO ☐ — E. STREET AND NUMBER:
5. SEX: M
6. RACE: N
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH: 6-7-11
9. AGE (In years last birthday): 59 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: John Connor
14. MOTHER'S MAIDEN NAME: Blanche Veen
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes — (If yes, give war or dates of service): W.W. II
16. SOCIAL SECURITY NO.: 201-63-29
17. INFORMANT: Mable C. Tate — ADDRESS: 3904 Bateman Ave Balto. Md

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) — E950.1

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Asphyxia with Cardiorespiratory Arrest
DUE TO, OR AS A CONSEQUENCE OF:
(B) COMPLICATING: General Anesthesia
DUE TO, OR AS A CONSEQUENCE OF:
(C) FOR: Infected Hip Wound Drainage

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

CERTIFICATION APPROVED BY: [signature] CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: 7-13-70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Abscess L Hip
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES
21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hospital
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): University Hospital
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): July 13 1970 Hospital
21E. INJURY OCCURRED — While At Work ☐ Not While At Work ☒
21F. HOW DID INJURY OCCUR? Misadventure during Anesthesia

22. I certify that (I) (~~this hospital~~) attended the deceased from 6-13 19 70 to 7-13 19 70 that (I) (~~we~~) last saw the deceased alive on 7-13 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Michael A. Ellis DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7/13/70
23C. PHYSICIAN'S NAME (Type): Michael A. Ellis DEGREE
23D. ADDRESS: Md Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-17-70
24C. NAME of CEMETERY or CREMATORY: Louden Park National
24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Jaeber, M.D.
25C. FUNERAL DIRECTOR: C.E. Hicks III — ADDRESS: Annapolis, Md

VS 150-REV. 1/1/68

N968.1

1

P-400

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 7202

REG. NO. 70 7202

1. NAME OF DECEASED (Type or Print): Leah Paul (LEAH J. PAUL)

2. DATE OF DEATH: Known [X] Estimated [ ] Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 7 Day 13 Year 70 Hour 11:40 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 35 Church Home and Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2609

6. SEX: female

7. RACE: white

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Baltimore # 21224

D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: June 15, 1916

10. AGE (In years last birthday): 54 Y

If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 901 S. [redacted] 901 S. Highland Ave.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John E. Dillow

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

14B. KIND OF BUSINESS OR INDUSTRY: At Home

15. MOTHER'S MAIDEN NAME: [redacted] Cosby A. Booth

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): ———

17. SOCIAL SECURITY NO.: 233-28-7141

18. INFORMANT: George F. Paul ADDRESS: 901 S. Highland Ave. #24

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 441.0 Ruptured dissecting aneurysm of aorta
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: [signature] M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]

EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner

DATE SIGNED: 7/14/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-17-70

24C. NAME of CEMETERY or CREMATORY: Sacred Heart Cemetery

24D. LOCATION (City, town, or county) (State): 7401 German Hill Rd., Ba. Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970

25B. NAME OF REGISTRAR: [signature]

25C. FUNERAL DIRECTOR: Charles S. Zeiler

ADDRESS: 901 S. Conkling St. Balto., 24, Md.

VS 151-REV. 1/1/68

H-652 1

HARRINGTON, LYNN E. 10 5-
DR. WEAVER 39-25-48 70 47203
M PED. WDG

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

70 7203

BIRTH NO.

REG. NO.

1. NAME OF DECEASED (Type or Print): LYNN E. HARRINGTON

2. DATE AND HOUR OF DEATH: 7/15/70 10 15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 UNIVERSITY MD. HOSPITAL

CERTIFICATE AMENDED 7-29-70

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: DORCHE 5900
C. CITY OR TOWN: CAMBRIDGE
D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: RFD #2

5. SEX: F
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 3/29/60
9. AGE (In years last birthday): 10
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN HARRINGTON
14. MOTHER'S MAIDEN NAME: ~~JEAN~~ NANCY TODD RFD #2 CAMBRIDGE MD

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MOTHER
ADDRESS:

MEDICAL CERTIFICATION

18. 582X

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: UNKNOWN — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: UNK

DUE TO, OR AS A CONSEQUENCE OF:

(B) BILATERAL NEPHROMATOSIS, RENAL TRANSPLANT — 3 mos

DUE TO, OR AS A CONSEQUENCE OF:

(C) CHRONIC GLOMERULONEPHRITIS — 6 mos

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: ANEMIA, UREMIA, THROMBOCYTOPENIA — 3 mo

19A. DATE OF OPERATION: 5/7/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: RENAL FAILURE
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NONE
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from DEC 13 19 69 to JULY 15 19 70 that (I) (we) last saw the deceased alive on JULY 15 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Edward H. Cahill MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7/15/70
23C. PHYSICIAN'S NAME (Type): EDWARD H. CAHILL DEGREE
23D. ADDRESS: 1723 STELLA ST. BALTIMORE, MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/18/70
24C. NAME of CEMETERY or CREMATORY: Christ Church Cemetery
24D. LOCATION (City, town, or county) (State): Cambridge, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Talbey M.D.
25C. FUNERAL DIRECTOR: LeCompte Funeral Service, Cambridge, Md.
ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Letter from Funeral Director - LeCompte's
7-29-70 M.H.

B-650 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7204 REG. NO. 70 7204

1. NAME OF DECEASED (Type or Print): Brown, Gloria

2. DATE AND HOUR OF DEATH: 7/16/70 9:20 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 605
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 228 Beal Court

5. SEX: Female
6. RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 7/27/27
9. AGE (In years last birthday): 42
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Fred Smith
14. MOTHER'S MAIDEN NAME: Elanore Statten

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Doris Smith
ADDRESS: 2908 Carver Rd.

MEDICAL CERTIFICATION

18. 785.51

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Shock
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) Cardiopulmonary failure
DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C) acute abdomen

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 15 1970 to July 16 1970 that (I) (we) last saw the deceased alive on July 16 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Steven R. Austin, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type): STEVEN R. AUSTIN, M.D. DEGREE
23D. ADDRESS: 550 No. Broadway Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/21/70
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem Park
24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Wm C March
ADDRESS: 928 E. North Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

L-130 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7205

BIRTH NO. 70 7205

1. NAME OF DECEASED (Type or Print): WINNIE LOVETT

2. DATE AND HOUR OF DEATH: July 14-1970 5.15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mt Pinge Nursing Home 4613 Park Heights Ave Baltimore Md. 90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1001
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1204 Hanford ave

5. SEX: FEMALE
6. RACE: NEGRO
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 6-6-84
9. AGE (In years last birthday): 86
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): VA
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Harry Norris
14. MOTHER'S MAIDEN NAME: Lucy

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Georgie Miller ADDRESS: 1915 E. Preston St.

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 412.4

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cerebral Thrombosis
DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic Cardio Vascular Disease
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?:

22. I certify that (I) (this hospital) attended the deceased from June 23 1970 to July 14 1970, that (I) (we) ~~last saw~~ the deceased alive on July 13 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Louis T. Levy M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: July 14-1970
23C. PHYSICIAN'S NAME (Type): LOUIS T. LEVY M.D. DEGREE
23D. ADDRESS: 3502 W. Lopez Ave Baltimore Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/18/70
24C. NAME of ~~CEMETERY~~ or CREMATORY: Mt. Calvary Cem.
24D. LOCATION (City, town, or county) (State): Anne Arundel Cty. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: Wm C March ADDRESS: 928 E. North Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-4201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7206

BIRTH NO. 70 7206

1. NAME OF DECEASED (Type or Print): RUBY MILLS

2. DATE AND HOUR OF DEATH: 7/17/70 9:15 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL 44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: 605
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 228 BRALE ET

5. SEX: FEMALE
6. RACE: NEGRO
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6/1/28
9. AGE (In years last birthday): 42
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N.C
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: ARTHUR ADAMS
14. MOTHER'S MAIDEN NAME: LILLIE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Castile Mills
ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1B. 571.0

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIO PULMONARY ARREST

DUE TO, OR AS A CONSEQUENCE OF:

(B) HEPATIC COMA

DUE TO, OR AS A CONSEQUENCE OF:

(C) LAENNEC'S CIRRHOSIS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/17 1970 to 7/17 1970, that (I) (we) last saw the deceased alive on 7/17 1970 and that to (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ronald M. Legum DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7/17/70
23C. PHYSICIAN'S NAME (Type): RONALD M. LEGUM DEGREE
23D. ADDRESS: UNION MEMORIAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/22/70
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Jaeber, M.D.
25C. FUNERAL DIRECTOR: WM. C. MARCH
ADDRESS: 928 E. North ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-650

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 7207 REG. NO. 70 7207

1. NAME OF DECEASED (Type or Print): SAMUEL BROWN

2. DATE OF DEATH — Known [X] Estimated [ ] — Month July, Day 17, Year 1970, Hour 6:45 P.M.

3. DATE PRONOUNCED DEAD — Month July, Day 17, Year 1970, Hour 6:45 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Agnes Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2037
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [ ] NO [ ]
E. STREET AND NUMBER: 514 Louden Ave.

6. SEX: Male
7. RACE: Negro
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. DATE OF BIRTH:
10. AGE (In years last birthday): 41 — If Under 1 Yr. or Under 24 Hrs. Months | Days | Hours | Min.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Samuel Brown
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Elsie Johnson
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 212 28 0841
18. INFORMANT: Phylis Cleo Brown ADDRESS: Same as Above

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E916X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Multiple injuries
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Factory
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Baltimore Business Forms 3132 Frederick Ave.
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 7-17-70 3:30 P.m.
22E. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR? Paper roll (1900 lbs) fell on him

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [X] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: 7-18-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-22-70
24C. NAME of CEMETERY or CREMATORY: Arbutus Cemetery
24D. LOCATION (City, town, or county): Arbutus (State): Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Charles A. Rice
ADDRESS: 661 Barre St.

VS 151-REV. 1/1/68

N869.0

S-350 1

BIRTH NO. 70 7208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7208

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Barbara E. Stein

2. DATE AND HOUR OF DEATH: July 17, 1970 | 11:45PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 903 Belgian Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: ----- 2710
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 903 Belgian Avenue 21218

5. SEX: female
6. RACE: Caucasian
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Sept 1, 1886
9. AGE (In years last birthday): 83
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): seamstress
10B. KIND OF BUSINESS OR INDUSTRY: tailoring
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Oldewurtel
14. MOTHER'S MAIDEN NAME: Agnes Emmel

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: 219-05-6256
17. INFORMANT: Edward G. Stein Sr. ADDRESS: 105 Meadow Rd. Belair 21014

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 mo.
DUE TO, OR AS A CONSEQUENCE OF:
(B) CVD — years
DUE TO, OR AS A CONSEQUENCE OF:
(C) In Union Memorial Hospital from 6-25-70 to 7-9-70 diagnosis as above.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

410.9

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): -------
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): ----------
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): ----------
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? ----------

22. I certify that (I) (~~this hospital~~) attended the deceased from July 10 1970 to 7-16 1970 that (I) (we) last saw the deceased alive on July 16 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Z Vance Hooper MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: July 18, 1970
23C. PHYSICIAN'S NAME (Type): Z. Vance Hooper M.D. DEGREE
23D. ADDRESS: 3534 Ellerslie Ave. Balto. ,Md.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/20/70
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: Dippel Bro's Inc. ADDRESS: 7110 Belair Rd.

VS 150-REV. 1/1/68

1

B-652

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 7209 REG. NO. 70 7209

1. NAME OF DECEASED (Type or Print): KENNETH BARNES

2. DATE OF DEATH: Known ☒ Estimated ☐ Month July Day 17, Year 1970 Hour 2:05 A. M.

3. DATE PRONOUNCED DEAD: Month July Day 17, Year 1970 Hour 2:05 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 23 (Veterans Administration) Loch Ravon Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1303

6. SEX: Male

7. RACE: Negro

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 9-22-30

10. AGE (In years last birthday): 39

If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 2513 Mc Culloh Street

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Conger Barnes

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STOCK CLERK

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Mabel Wynn

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): 3/8/61

17. SOCIAL SECURITY NO.:

18. INFORMANT: Mabel Barnes ADDRESS: SAME

MEDICAL CERTIFICATION

19. 571.8

I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Fatty alteration of liver

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23.
I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: Werner U. Spitz M.D.

EXAMINER'S NAME (Type): Werner U. Spitz, M.D.

DATE SIGNED: July 17, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-20-70

24C. NAME of CEMETERY or CREMATORY: Balto. Nat'l. Cem.

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: C. Bailey ADDRESS: Kelson F.H. 1348 Calhoun St.

VS 151-REV. 1/1/68

S-636 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7210 REG. NO. 70 7210

1. NAME OF DECEASED (Type or Print): Shorter, Vivian — Vivian SHORTER

2. DATE AND HOUR OF DEATH: 7/16/70 11:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital, Balto

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Chestertown — Kent County
C. CITY OR TOWN: Chestertown
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Kingstown

5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2/22/95
9. AGE (In years last birthday): 75 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman at Cannery
10B. KIND OF BUSINESS OR INDUSTRY: & other
11. BIRTHPLACE (State or foreign country): Dorchester Co. Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Jesse Shorter
14. MOTHER'S MAIDEN NAME: Sally Insley
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes — (If yes, give war or dates of service): WW 1
16. SOCIAL SECURITY NO.: 219 14 3963
17. INFORMANT: Mrs. Jas. Glascox — ADDRESS: Chestertown, Md. RFD

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 427.2 + 172.1

CAUSE OF DEATH: Cardiorespiratory Arrest

(A) IMMEDIATE CAUSE: DUE TO, OR AS A CONSEQUENCE OF: Unknown — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Senility, ASCVD, melanoma eyelid, diabetes

19A. DATE OF OPERATION: None performed
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19__ to ____ 19__ that (I) (we) last saw the deceased alive on ____ 19__ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jm Kellum, M.D. DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7/16/70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: Johns Hopkins Hospital Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/19/70
24C. NAME of CEMETERY or CREMATORY: Chester Cemetery
24D. LOCATION (City, town, or county) (State): Chestertown, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Tarbey M.D.
25C. FUNERAL DIRECTOR: J. Willis Wells — ADDRESS: Chestertown, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7211 REG. NO. 70 7211

1. NAME OF DECEASED (Type or Print): William Booker Scriven

2. DATE AND HOUR OF DEATH: 7-16-70 5:29 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai Hospital of Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore 5300
C. CITY OR TOWN: Reisterstown D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: 823 Suburbian Rd.

5. SEX: M 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐ 8. DATE OF BIRTH: July 3, 1880 9. AGE (In years last birthday): 90 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dress Cutter
10B. KIND OF BUSINESS OR INDUSTRY: Garment Ind.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Franklin Scriven
14. MOTHER'S MAIDEN NAME: Annie Leitz

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-01-7251
17. INFORMANT: Emmanuel Scriven ADDRESS: 823 Suburbian Rd Reisterstown, Md.

MEDICAL CERTIFICATION

18. 599.0 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Recurrent Bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:
Associated with Chronic Uremia;
(B) Urinary Tract Infection;
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 7-16 1970 to 7-16 1970 that (I) (we) last saw the deceased alive on 7-16 1970 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Rodolfo S. Victoria M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7-16-70
23C. PHYSICIAN'S NAME (Type): RODOLFO S. VICTORIA M.D. DEGREE
23D. ADDRESS: Sinai Hospital of Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 20, 1970
24C. NAME of CEMETERY or CREMATORY: Woodlawn Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Jaeger M.D.
25C. FUNERAL DIRECTOR: H. J. Eichhardt ADDRESS: Owings Mills, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-530 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7212 REG. NO. 70 7212

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): William S. Canaday

2. DATE AND HOUR OF DEATH: July 17, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital, Baltimore, Maryland

4/6

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1502
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1821 W. North Avenue

5. SEX: Male
6. RACE: Indian
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8-4-1892
9. AGE (In years last birthday): 77
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Contractor
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Sheridan Canaday
14. MOTHER'S MAIDEN NAME: Martha Pierman
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 217-01-2636
17. INFORMANT: Mrs. Lillian Canaday, ADDRESS: 1821 W. North Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
410.9	(A) IMMEDIATE CAUSE: Acute Coronary Occlusion	1½ hr
	DUE TO, OR AS A CONSEQUENCE OF: Coronary Artery Heart Disease	5 mos
	(B) DUE TO, OR AS A CONSEQUENCE OF:	
	(C) Generalized Arteriosclerosis	2 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 2-5 1970 to 7-17 1970 that (I) (we) last saw the deceased alive on 7-17 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: G. Franklin Phillips M.D. DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/18/70
23C. PHYSICIAN'S NAME (Type): G. Franklin Phillips M.D. DEGREE
23D. ADDRESS: 558 Mc Mechen St. Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-21-1970
24C. NAME of CEMETERY or CREMATORY: Familey Cemetery
24D. LOCATION (City, town, or county) (State): New Kent County, Virginia

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Jaeger, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard, ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

13-400 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7213

BIRTH NO. 70 7213

1. NAME OF DECEASED (Type or Print): JAMES EMMET BELL

2. DATE AND HOUR OF DEATH: JULY 17-1970 6:30 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE LUTHERAN HOSPITAL OF MARYLAND

46

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2553
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 2109 PARKSLEY AVENUE

5. SEX: MALE
6. RACE: WHITE
7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8-21-22
9. AGE (In years last birthday): 47
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MANAGER TAVERN
10B. KIND OF BUSINESS OR INDUSTRY: BAR TENDER
11. BIRTHPLACE (State or foreign country): CUMBERLAND, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES F. W. BELL
14. MOTHER'S MAIDEN NAME: ELIZABETH STEWART - (Deceased)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): U.S. Coast Guard - 1943-45
16. SOCIAL SECURITY NO.: 217-4537
17. INFORMANT: Jane Bell - Sister
ADDRESS: Mrs. Mary J. Bell, 2109 Parksley Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

531.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Hepatic Coma
DUE TO, OR AS A CONSEQUENCE OF:
(B) Cirrhosis of Liver
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 6-27- 1970 to 7-17 1970, that (I) (we) last saw the deceased alive on 7-17 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: [signature] M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7-17-70
23C. PHYSICIAN'S NAME (Type): NASSIR SAGHAFI MD DEGREE
23D. ADDRESS: Lutheran Hospital MD

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-21-1970
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard
ADDRESS: 4107 Wilken Ave. 21229

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-530 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7214 X REG. NO. 70 7214

1. NAME OF DECEASED (Type or Print): Eugene Arnold Smith

2. DATE AND HOUR OF DEATH: July 15, 1970 6:25 p.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): USPHS Hospital, 3100 Wyman Park Drive

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Pennsylvania
B. COUNTY: V-35
C. CITY OR TOWN: Mc Sherrystown
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 320 Main Street

5. SEX: Male
6. RACE: Cau
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9-29-12
9. AGE (In years last birthday): 57
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electronics
10B. KIND OF BUSINESS OR INDUSTRY: Unknown- Retired
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Fabin Smith
14. MOTHER'S MAIDEN NAME: Cecile Weaver
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 382-10-0968
17. INFORMANT: Records, USPHS Hospital, Baltimore, Md. 21211
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Pseudomonas Sepsis	days
DUE TO, OR AS A CONSEQUENCE OF: (B)	Lymphosarcoma	3 years
DUE TO, OR AS A CONSEQUENCE OF: (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	infarction of small bowel	days

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (this hospital) attended the deceased from May 8, 19 70 to 15 July 19 70 that (we) last saw the deceased alive on July 15 19 70 and that in (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) view the body after death.

23A. SIGNATURE: Gary E. Feldman M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: July , 1970
23C. PHYSICIAN'S NAME (Type): GARY E. FELDMAN, M.D. DEGREE
23D. ADDRESS: USPHS Hospital, Baltimore, Maryland 21211

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 18, 1970
24C. NAME OF CEMETERY or CREMATORY: Annunciation Cem.
24D. LOCATION (City, town, or county) (State): McSherrytown, Adams PA.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Leonard R. Weiler
ADDRESS: 501 Ridge Ave. McSherrystown Pa.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7215 REG. NO. 70 7215

1. NAME OF DECEASED (Type or Print): Bowen John W JR.

2. DATE AND HOUR OF DEATH: 7-17-70 3pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Harbour View Nursing Home 90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 2531
C. CITY OR TOWN: Baltimore Md
D. INSIDE CITY LIMITS? YES [ ] NO [ ]
E. STREET AND NUMBER: 4909 A Frederick Avenue 21229 ~~1215 Light Street~~

5. SEX: Male
6. RACE: White
7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7-8-97
9. AGE (In years last birthday): XXXX 73
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil engineer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W Bowen
14. MOTHER'S MAIDEN NAME: Annie Robinson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): WW 1
(If yes, give war or dates of service): Army
16. SOCIAL SECURITY NO.: 213-12-4309A
17. INFORMANT: Dolores R. Bowen - 4909A Frederick ave. Chart
ADDRESS

MEDICAL CERTIFICATION

18. 4369 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cerebro Vascular Accident — several weeks
DUE TO, OR AS A CONSEQUENCE OF:
(B) arteriosclerosis — several years
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): diverticulosis, colon — several yrs

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 5.25 1970 to 7.17 1970 that (I) (we) last saw the deceased alive on 7.17 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E. Ellsworth Cook M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 7.18.70
23C. PHYSICIAN'S NAME (Type): E. Ellsworth Cook MD DEGREE
23D. ADDRESS: 2431 Maryland Ave Balto. Md MD

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-20-70
24C. NAME of CEMETERY or CREMATORY: Lorraine Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Armacost Funeral Chapel - 4600 Liberty Hts
ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7216 Registered No. 70 7216

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print): Melvin L. Henry
HENRY, MELVIN L.

2. DATE AND HOUR OF DEATH: 7-14-70 - 8:00 P M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
48 MARYLAND GENERAL HOSPITAL
Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 5300
C. CITY OR TOWN (If outside city limits, write RURAL and give township): BALTO - Dundalk
D. STREET ADDRESS (If rural, give location): 2534 LODGE FOREST DR.

5. SEX: Male
6. RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
8. DATE OF BIRTH: 8-12-05
9. AGE (In years last birthday): 64
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Co.
11. BIRTHPLACE (State or foreign country): West Virginia
WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES A. HENRY
14. MOTHER'S MAIDEN NAME: Maud Iman

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-09-3119
17. INFORMANT: FROM PATIENT'S CHART
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 months
DUE TO coronary atherosclerosis
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6-30 1970 to 7-14 1970, that (I) (we) last saw the deceased alive on 7-14-70 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Dr Blazek / Dr Elma M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7-14-70
23C. PHYSICIAN'S NAME (Type): BAYANI B. ELMA M.D. M.D.
23D. ADDRESS: MARYLAND GEN HOSPITAL 827 LINDEN AVE BALTO, MD 21201

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/17/70
24C. NAME of CEMETERY or CREMATORY: Meadowridge Memorial Park
24D. LOCATION (City, town, or county) (State): Dorsey, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: John J. Duda, ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-420 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7217 REG. NO. 70 7217

1. NAME OF DECEASED (Type or Print): Walter S. Kowalczyk

2. DATE AND HOUR OF DEATH: July 15, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 31 Baltimore City Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 5300
C. CITY OR TOWN: Dundalk D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 3477 McShane Way

5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: June 21, 1920
9. AGE (In years last birthday): 50 — If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Security Guard
10B. KIND OF BUSINESS OR INDUSTRY: Md. Port Authorities
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Adam Kowalczyk
14. MOTHER'S MAIDEN NAME: Bertha
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: 212-07-8968
17. INFORMANT: (Wife) 3477 McShane Way ADDRESS: Mrs. Sophia Kowalczyk, Dundalk, Md. 21222

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: almost immediate
DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic heart dis. — 10 yrs.
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 1960 to July 14 1970 that (I) (we) last saw the deceased alive on July 14 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: B. W. Sollod M.D. DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7/16/70
23C. PHYSICIAN'S NAME (Type): B. W. Sollod M. D. DEGREE
23D. ADDRESS: 2900 Dunran Rd. Dundalk, Md. 21222

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/17/70
24C. NAME of CEMETERY or CREMATORY: Baltimore National Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: John J. Duda, ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

S-630

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 7218 REG. NO. 70 7218

CERTIFICATE AMENDED

1. NAME OF DECEASED (Type or Print): GEORGE TURNER ~~SHERRAD~~ SHERROD

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year Hour — July 14, 1970 11:30 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (FULL NAME OF HOSPITAL OR INSTITUTION, OR NOTE IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL 8-19-70

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2798
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 5113 Linden Heights Road

6. SEX: Male
7. RACE: Negro
8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 8-20-1927
10. AGE (In years last birthday): 42 — If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Willie Sherrod
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
14B. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel
15. MOTHER'S MAIDEN NAME: Della Robinson
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): W.W.2 (If yes, give war or dates of service): 4-13-46 to 1-13-49
17. SOCIAL SECURITY NO.: 217-20-9[illegible]
18. INFORMANT: Marie Sherrod ADDRESS: 5113 Linden Heights Road

MEDICAL CERTIFICATION

19. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Stab wound of chest

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION:
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 5113 Linden Heights Road
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 7-14-70 11:00 P.M.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR?: Stabbed during altercation

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 7/15/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-21-70
24C. NAME of CEMETERY or CREMATORY: Loudon Park Natl.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Joseph S. Russ ADDRESS: 2222 W North Ave

VS 151-REV. 7/1/68

N 8311

U.S. Army Discharge 8-19-70 M.H.

W-252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. No Record 70 7219 REG. NO. 70 7219

1. NAME OF DECEASED (Type or Print): DANA WASHINGTON

2. DATE AND HOUR OF DEATH: 7-18-70 1130 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD B. COUNTY: BALTIMORE 2854
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 5204 FREDREST RD

5. SEX: F 6. RACE: N 7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 4-19-64 9. AGE (In years last birthday): 6 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 10B. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: DAVIS WASHINGTON 14. MOTHER'S MAIDEN NAME: BRENDA

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. — 17. INFORMANT: Davis Washington ADDRESS: 5204 Fieldcrest Rd

MEDICAL CERTIFICATION

18. 24691

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardiorespiratory arrest

DUE TO, OR AS A CONSEQUENCE OF:

(B) ? arrhythmia

DUE TO, OR AS A CONSEQUENCE OF:

(C) Congenital heart disease - post partial correction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 7-18-70 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Congenital heart disease 20A. AUTOPSY? (Yes or No): YES 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/14 1970 to 7/18 1970 that (I) (we) last saw the deceased alive on 7/18 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. Jones MD DEGREE — Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐ 23B. DATE SIGNED: 7/18/70

23C. PHYSICIAN'S NAME (Type): MICHAEL JONES MD DEGREE 23D. ADDRESS: JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 7-22-70 24C. NAME of CEMETERY or CREMATORY: Balto. Natl. 24D. LOCATION (City, town, or county) (State): Balto. Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970 25B. NAME OF REGISTRAR: Robert E. Farber, M.D. 25C. FUNERAL DIRECTOR: Joseph R. Russ ADDRESS: 222 W North Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

POLICE 10-13

29213

C-152 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7220 REG. NO. 70 7220

1. NAME OF DECEASED (Type or Print): COVINGTON, ALBERT NMI

2. DATE AND HOUR OF DEATH: 7/9/70 7:40 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 23 Veterans Administration Hospital, 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1504
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2015 Walbrook Avenue

5. SEX: Male
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 4/14/24
9. AGE (In years last birthday): 46
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Burner
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Scrape Metal
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Albert Covington Sr.
14. MOTHER'S MAIDEN NAME: Ora Lassiter
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): 6/12/43 - 1/3/46
16. SOCIAL SECURITY NO.: 219-14-0001
17. INFORMANT: VA Hospital Records ADDRESS: 3900 Loch Raven Boulevard Balto., Md 21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Adenocarcimoma, metastasis to liver, nodes, and spleen — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: diagnosis by lymph node 6/19/70

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 3rd 19 70 to July 9th 19 70 that (I) (we) last saw the deceased alive on July 9th 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Marvin J. Gordon, MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7/10/70
23C. PHYSICIAN'S NAME (Type): MARVIN J. GORDON, M.D. DEGREE
23D. ADDRESS: 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Buried
24B. DATE: 7-14-70
24C. NAME of CEMETERY or CREMATORY: Baltimore Nat. Cem.
24D. LOCATION (City, town, or county) (State): 5501 Frederick Ave. Balto., Md.
25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Talbey, M.D.
25C. FUNERAL DIRECTOR: Joseph L. Russo ADDRESS: 2222 W. North Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

J-5251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7221 REG. NO. 70 7221

1. NAME OF DECEASED (Type or Print): HENRY JENKINS

2. DATE AND HOUR OF DEATH: 7/16/70 6 15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): LUTHERAN HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: 1503
C. CITY OR TOWN: BALTO.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2525 N. NORTH AV.

5. SEX: M
6. RACE: N
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: 12-26-03
9. AGE (In years last birthday): 67
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mayor Jenkins
14. MOTHER'S MAIDEN NAME: Kate Holmes

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-03-3168
17. INFORMANT: Mrs. Bulah Smith ADDRESS: 2525 W North Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

1B. 192.8

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ca of liver

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____, that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J H Goffman MD. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7/16/70

23C. PHYSICIAN'S NAME (Type): JOEL H. GOFFMAN MD DEGREE
23D. ADDRESS: LUTHERAN HOSP.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-22-70
24C. NAME of CEMETERY or CREMATORY: East End Cemetary
24D. LOCATION (City, town, or county) (State): Richmond Va.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Chas E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Joseph L. Russ ADDRESS: 2222 W. North Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

5-3631

STEWART MARY
120-77-87

THE BODY OF MARY STEWART HAS BEEN RELEASED AS NON MED BY
DR SPRINGATE OF THE MEDICAL EXAMINER'S OFFICE

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7222 REG. NO. 70 7222

1. NAME OF DECEASED (Type or Print): Stewart, Mary

2. DATE AND HOUR OF DEATH: 7/17/70 11:15 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 704
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 924 N. Durham Street

5. SEX: Female
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 8/27/[redacted]1899
9. AGE (In years last birthday): [redacted] 70
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ed Richmond
14. MOTHER'S MAIDEN NAME: UNKnown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MacK Stewart
ADDRESS: 924 N. Durham St.

MEDICAL CERTIFICATION

18. 157.9

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: CARDIAC ARREST — 15 MIN
DUE TO, OR AS A CONSEQUENCE OF:
(B) Terminal metastatic — Several months
DUE TO, OR AS A CONSEQUENCE OF: pancreatic CA
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Coronary disease (Lowenberg)

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/15 1970 to 7/17 1970 that (I) (we) last saw the deceased alive on 7/17/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: James R. Reynolds M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 7/17/70
23C. PHYSICIAN'S NAME (Type): James R. Reynolds, M.D. DEGREE
23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Removal
24B. DATE: 7/21/70
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City, town, or county) (State): Winnsboro, S. Carolina

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Zorah Dickson
ADDRESS: 1129 N. Carolina St

VS 150-REV. 1/1/68

R-2001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7223 REG. NO. 70 7223

1. NAME OF DECEASED (Type or Print): Edward J. Rusk

2. DATE AND HOUR OF DEATH: July 19, 1970 2 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 4316 St. Paul St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Balto. Md. B. COUNTY: 2711
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 4316 St. Paul St.

5. SEX: Male 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: Sept. 3rd 1886 9. AGE (In years last birthday): 84 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher 10B. KIND OF BUSINESS OR INDUSTRY: BELAIR MKT. 11. BIRTHPLACE (State or foreign country): Balto. Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph H. Rusk 14. MOTHER'S MAIDEN NAME: Margaret Mooney Rusk

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No. 16. SOCIAL SECURITY NO. 215-32-08-48A 17. INFORMANT: Mrs. Joseph V. Castagna (Same) ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Auricular Fibrillation — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 14 years.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Hypertension
DUE TO, OR AS A CONSEQUENCE OF:
(C) Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1/11/63 19 to 7/19 1970, that (I) (we) last saw the deceased alive on 7/19 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. 7/19/70 - 2 a.m.

23A. SIGNATURE: Joseph V. Castagna M.D. DEGREE Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐ 23B. DATE SIGNED: 7/20/70

23C. PHYSICIAN'S NAME (Type): JOSEPH V. CASTAGNA M.D. DEGREE 23D. ADDRESS: 4316 St. Paul St.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 7/22/70 24C. NAME of CEMETERY or CREMATORY: New Cathedral 24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970 25B. NAME OF REGISTRAR: Robert E. Faiberg M.D. 25C. FUNERAL DIRECTOR: H.W. Jenkins & Sons Co. ADDRESS: 4905 York Rd. Balto., Md. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-4001

BIRTH NO. 70 7224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7224

CERTIFICATE AMENDED 7-27-70

1. NAME OF DECEASED (Type or Print): HEWELL, JAMES

2. DATE AND HOUR OF DEATH: 07-19-70 | 3,34A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (If Not In Hospital Or Institution, Give Street Address or Location): UNION MEMORIAL HOSP. 44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: BALTIMORE 1202
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 324 E UNIVERSITY PKWY

5. SEX: MALE 6. RACE: WHITE 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 02-17-90 9. AGE (In years last birthday): 80 If Under 1 Yr. Months Days Hours If Under 24 Hrs. Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10B. KIND OF BUSINESS OR INDUSTRY: MACHINIST BURT MACH. CO.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland ~~PENNSYLVANIA~~
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN R. HEWELL
14. MOTHER'S MAIDEN NAME: MARTHA TAYLOR

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS. MILDRED G. HEWELL ADDRESS: (SAME)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: URINARY TRACT INFECTION
DUE TO, OR AS A CONSEQUENCE OF:
(B) CARCINOMA OF THE PROSTATE
DUE TO, OR AS A CONSEQUENCE OF:
(C) METASTATIC LESIONS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 8
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 07-03-70 19 70 to 07-19 19 70 that (I) ~~(we)~~ last saw the deceased alive on 07-18 19 70 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes ~~stated above~~. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: J. P. Mikus M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 07-19-70
23C. PHYSICIAN'S NAME (Typed): J. P. MIKUS M.D. DEGREE
23D. ADDRESS: UMH Union Memorial Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-22-70
24C. NAME of CEMETERY or CREMATORY: Dulaney Valley Mem. Gard.
24D. LOCATION (City, town, or county): Baltimore Co. (State): Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: H.W. Jenkins Sons Co. ADDRESS: 4905 York Rd. Baltimore, Md. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

V.S. 153 7-27-70 M.H.

L-16521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7225

BIRTH NO. Pr. Geo. Co. Md. 70 7225

1. NAME OF DECEASED (Type or Print): Anita E. Lawrence

2. DATE AND HOUR OF DEATH: 7-16-70 6:30 AM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Prince Georges
C. CITY OR TOWN: Berwyn Heights
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 5708 Pontiac Street

6600

5. SEX: Female
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7/23/68
9. AGE (In years last birthday): 1
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Prince Georges Cty, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward Lawrence
14. MOTHER'S MAIDEN NAME: Dottie Evans
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Blaylock Funeral Home, Littleton, N.C.
ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 742.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardio-Respiratory arrest
DUE TO, OR AS A CONSEQUENCE OF:
(B) Possible Aspiration
DUE TO, OR AS A CONSEQUENCE OF:
(C) Anomalous Pulmonary Venous Return

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 14 Jul 70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Total Anomalous Pulmonary Venous Return
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12 Jul 1970 to 16 Jul 1970 that (I) (we) last saw the deceased alive on 16 Jul 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert S. Pipkin DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 16 Jul 70
23C. PHYSICIAN'S NAME (Type): Robert S. Pipkin, M.D. DEGREE
23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Removal
24B. DATE: 7/17/70
24C. NAME of CEMETERY or CREMATORY
24D. LOCATION (City, town, or county) (State): North Carolina

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co.
ADDRESS: 4905 York Rd Balto., Md. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-4001

70 7226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7226

BIRTH NO.

1. NAME OF DECEASED (Type or Print): EVA CLOW

2. DATE AND HOUR OF DEATH: July 18, 1970 | 12:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore 102

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [✓] NO [ ]

E. STREET AND NUMBER: 3100 St. Paul Street

5. SEX: F

6. RACE: Cau

7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 6/5/1898

9. AGE (In years last birthday): 72

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOMEMAKER

10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): INDIANA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: BURT DAVIS

14. MOTHER'S MAIDEN NAME: MINNIE PEARL BROWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-07-3473

17. INFORMANT: RUSSELL CLOW ADDRESS: SAME

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute MI

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Ventric. fibrillation

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No.

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (this hospital) attended the deceased from July 18 19 70 to July 18 19 70 that (I) (we) last saw the deceased alive on July 18 19 70 and that in (my) (our) opinion death occurred at the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: David J. Powner, MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]

23B. DATE SIGNED: July 18, 1970.

23C. PHYSICIAN'S NAME (Type): David J. Powner, M. D. DEGREE

23D. ADDRESS: Staff Union Memorial Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Entombment

24B. DATE: 7-21-70

24C. NAME of CEMETERY or CREMATORY: Lorraine Park Mausoleum

24D. LOCATION (City, town, or county) (State): Baltimore Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970

25B. NAME OR REGISTRAR: Robert E. Valbey, M.D.

25C. FUNERAL DIRECTOR: H. W. Jenkins ADDRESS: 4905 York Rd. J. Mark

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-2521

BIRTH NO. 70 7227

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 334 84 70 7227

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Ethel E Busenius

2. DATE AND HOUR OF DEATH: 7/17/70 | 5 PM M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND — FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital (MGH)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md B. COUNTY: Balto Co 5300
C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 8939 Satyr Hill Rd SAYRE HILL Rd

5. SEX: F
6. RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): M
8. DATE OF BIRTH: 12-25-08
9. AGE (In years last birthday): 61
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Lady
10B. KIND OF BUSINESS OR INDUSTRY: Glauber's
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Rappel
14. MOTHER'S MAIDEN NAME: Lillian Luckey

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-01-8029
17. INFORMANT: Chart (self) ADDRESS: WALTER A. BUSENIUS SR. (SAME)

MEDICAL CERTIFICATION

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

1B. 412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CHF

DUE TO

(B) ASVD.

DUE TO

(C) ~~[illegible]~~ Renal failure

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/9/70 19 70 to 7/17/ 19 70, that (I) (we) last saw the deceased alive on 7/17 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7/17.
23C. PHYSICIAN'S NAME (Type): B. G. MANEJWALA M.D.
23D. ADDRESS: MGH Md. General Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-21-70
24C. NAME of CEMETERY or CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Parkville, Balto. Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D.
25C. FUNERAL DIRECTOR: H.W. Jenkins Sons Co. ADDRESS: 4905 York Rd. Baltimore, Md. 12

VS 150-REV. 1/1/65

Satyr Hill Rd.

1

W-300

70 7228 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7228

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BRANTLEY WHITE

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month July Day 14 Year 1970 Hour 2:50 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 1700 N. Calhoun Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 150 1
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1700 N. Calhoun Street

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. DATE OF BIRTH: Sept. 1, 1909
10. AGE (In years last birthday): 60+
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John White

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY: Sugar Product
15. MOTHER'S MAIDEN NAME: Lizzie Boggs

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): War 11
17. SOCIAL SECURITY NO.: 220 03 1960
18. INFORMANT: James White ADDRESS: Parksley, Virginia

MEDICAL CERTIFICATION

19. 412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 7/15/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 17, 1970
24C. NAME of CEMETERY or CREMATORY: Wharton
24D. LOCATION (City, town, or county) (State): Parksley, Va.

25A. DATE REC'D BY HEALTH DEPT.: JUL 20 1970
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: Samuel S. Savage ADDRESS: Princess Ann, Md.

VS 151-REV. 1/1/68

L-550 1

BIRTH NO. 70 7229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7229

1. NAME OF DECEASED (Type or Print): JOHN T. LANHAM SR.

2. DATE AND HOUR OF DEATH: JULY 11, 1970 1:00 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 5106 Belair Road

00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2741
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 5106 Belair Road

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 3-3-1894
9. AGE (In years last birthday): 76 yrs.
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST
10B. KIND OF BUSINESS OR INDUSTRY: U.S.GOVT.
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JOHN THOMAS
14. MOTHER'S MAIDEN NAME: ANNA DOWEL (DOAL)
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-32-9960
17. INFORMANT: DAUGHTER
ADDRESS: 5106 BELAIR ROAD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: BRONCHOPNEUMONIA
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
ARTERIOSCLEROTIC HEART DISEASE

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 3-10 19 68 to 7-9 19 70 that (I) (we) last saw the deceased alive on 7-9 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: July 11, 1970
23C. PHYSICIAN'S NAME (Type): SEBASTIAN RUSSO, M.D. DEGREE
23D. ADDRESS: 5017 HARFORD ROAD, BALTIMORE, MD.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-14-70
24C. NAME of CEMETERY or CREMATORY: MEADOWRIDGE MEM. PARK
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: SCHIMUNEK FUNERAL HOME, INC.,
ADDRESS: 3331 BREHMS LA.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. U-536 70 7230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7230

1. NAME OF DECEASED (Type or Print): ROSE UNDERWOOD

2. DATE AND HOUR OF DEATH: 7-17-70 | 7 25/P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: 1201
C. CITY OR TOWN: BALTO.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3616 GREENMOUNT AVE

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 2/17/1902
9. AGE (In years last birthday): 68
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TELE. OPERATOR (RET)
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTO. MD.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JOHN J. KENNEDY
14. MOTHER'S MAIDEN NAME: MARGARET T. CALLAHAN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 217-20-3756-
17. INFORMANT: MRS. JOHN KENNY
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
410.9	(A) IMMEDIATE CAUSE: Congestive Heart Failure	
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) Myocardial infarction	
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C) Atherosclerotic cardiovascular disease	

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/2/ 19 70 to 7/17/ 19 70 that (I) (we) last saw the deceased alive on 7/17/ 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Kwin DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 7/18/70
23C. PHYSICIAN'S NAME (Type): KYI K LWIN DEGREE
23D. ADDRESS: Mercy Hospital, Balt. MD 21202

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7/21/70
24C. NAME of CEMETERY or CREMATORY: CATHEDRAL CEM.
24D. LOCATION (City, town, or county) (State): BALTO

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: MITCHELL-WIEDEFELD HOME
ADDRESS: 6500 YORK RD. 21212

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7231 REG. NO. 70 7231

1. NAME OF DECEASED (Type or Print): Kenneth Wilfred Polhemus

2. DATE AND HOUR OF DEATH: 7/15/70 8:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Maryland University Hosp.
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Rosewood ST. Hosp.
B. COUNTY: 6600
C. CITY OR TOWN: Balt. Md.
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER:

5. SEX: M
6. RACE: Caucasian
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2/24/59
9. AGE (In years last birthday): 11
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Retired~~ Dependent
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Keith R. Polhemus
14. MOTHER'S MAIDEN NAME: June Vallier

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Keith R. Polhemus
ADDRESS: -344 Tippett Rd. Clinton, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchitis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 30 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(B) Soap ingestion + inhalation
DUE TO, OR AS A CONSEQUENCE OF:
(C) Mental Retardation

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

CERTIFICATION APPROVED BY — CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) ☒
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOSPITAL
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Rosewood State Hospital
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 7-13-70 OR 7-14-70
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☒
21F. HOW DID INJURY OCCUR? Choked on Bar of Soap

22. I certify that (I) (this hospital) attended the deceased from 7/14/70 19 70 to 7/15 19 70 that (I) (we) last saw the deceased alive on 7/15/70 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: H. G. Martinez MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7/15/70
23C. PHYSICIAN'S NAME (Type): H. G. MARTINEZ MD DEGREE
23D. ADDRESS: Univ. of Md. Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/20/70
24C. NAME of CEMETERY or CREMATORY: Ft. Lincoln Cemetery
24D. LOCATION (City, town, or county) (State): Bladensburg, Prince Geo. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Robert E. Wilhelm Funeral Home
ADDRESS: 4308 Suitland Rd.S.E.-Suitland, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

344 Tippett Rd
Clinton, Md.

1

70 7232

E-456

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 7232

1. NAME OF DECEASED (Type or Print): MARVIN ELMORE

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year July 14, 1970 Hour 12:05 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CITY HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Anne Arundel
C. CITY OR TOWN: ~~Baltimore~~ Pasadena
D. INSIDE CITY LIMITS? YES ☐ NO ☒

6. SEX: Male
7. RACE: White
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: Jan. 11, 1907
10. AGE (In years last birthday): 63 ~~X4~~
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 34 Luke Drive Lake Shore

11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Richard Elmore

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Marine Engineer
14B. KIND OF BUSINESS OR INDUSTRY: Curtis Bay Towing Co.
15. MOTHER'S MAIDEN NAME: Mary Virginia Elmore

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO.
18. INFORMANT: Mrs. Gertrude Elmore
ADDRESS: Same

MEDICAL CERTIFICATION

19. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
DATE SIGNED: 7/15/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/18/70
24C. NAME of CEMETERY or CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970
25B. NAME OF REGISTRAR: Robert E. Fahey M.D.
25C. FUNERAL DIRECTOR: George J. Gonce
ADDRESS: 4001 Ritchie Hgy. Baltimore, Md. 21225

VS 151-REV. 7/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. J-530 70 7233

REG. NO. 70 7233

1. NAME OF DECEASED (Type or Print): Janda, Charlotte

2. DATE AND HOUR OF DEATH: 7-18-1970 5:30 A. M. (5:30 A 7/18/70)

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore

C. CITY OR TOWN: Pikesville D. INSIDE CITY LIMITS? YES ☐ NO ☑

E. STREET AND NUMBER: 1200 Purdy Court

5. SEX: Female #1

6. RACE: Caucasian W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 10/10/08

9. AGE (In years last birthday): 61

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: — Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick D. Anthony

14. MOTHER'S MAIDEN NAME: Susan Shriner

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: R. Charles Janda, Husband — ADDRESS: Same as #4 as above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory Arrest

DUE TO, OR AS A CONSEQUENCE OF:

(B) Endometrial Carcinoma I

DUE TO, OR AS A CONSEQUENCE OF:

(C) wide spread metastasis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Organic deterioration

19A. DATE OF OPERATION: None

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/17/70 19 70 to 7/18 19 70, that (I) (we) last saw the deceased alive on 5:30 AM 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Robert Prins MD DEGREE

Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 7/18/70

23C. PHYSICIAN'S NAME (Type): Robert Prins DEGREE

23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: July 21, 70

24C. NAME of CEMETERY or CREMATORY: Druid Ridge Cemetery

24D. LOCATION (City, town, or county) (State): Pikesville, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970

25B. NAME OF REGISTRAR: Robert E. Fisher, Jr.

25C. FUNERAL DIRECTOR: Wm. Cook-Brooks Towson, ADDRESS: 1050 York Road Towson, Maryland

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-300 70 7234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 7234

1. NAME OF DECEASED (Type or Print): Marie Nellie Shade

2. DATE AND HOUR OF DEATH: 7-17-70 | 4 30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto Co 53.00
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2309 ~~XXXXXXXXXX~~ Holyoke Rd Rd - #21237

5. SEX: F
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 10-20-42
9. AGE (In years last birthday): 27
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Walton
14. MOTHER'S MAIDEN NAME: Nellie M Bader

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-40-8171
17. INFORMANT: Mr Henry P Shade
ADDRESS: Same

MEDICAL CERTIFICATION

18. 153.8 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardio pulmonary failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Metastatic Carcinoma 2 yrs
DUE TO, OR AS A CONSEQUENCE OF:
(C) Cancer colon

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 15th July 1970 to 19th July 1970 that (I) (we) last saw the deceased alive on 19th July 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 19th July 70
23C. PHYSICIAN'S NAME (Type): H. S. RANGANATHAN DEGREE
23D. ADDRESS: Mercy Hosp. Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/22/70
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE RECD BY HEALTH DEPT.: JUL 21 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc.
ADDRESS: Baltimore, Maryland

VS 150-REV. 1/1/68

B-620 70 7235

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7235

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Anna Russoniello Brooks

2. DATE AND HOUR OF DEATH: 7/19/70 5:00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 3537 Belair Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2633
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3537 Belair Road

5. SEX: F.
6. RACE: W.
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7/4/1902
9. AGE (In years last birthday): 68 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Scranton, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Phillip Voncoven
14. MOTHER'S MAIDEN NAME: Catherine --
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 206-10-2010
17. INFORMANT: Mrs. Albert Schauman ADDRESS: 10315 Malcolm Circle

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerotic C-Vdis.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Nov 27 1967 to July 19 1970 that (I) (~~we~~) last saw the deceased alive on July 13 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: [signature] DEGREE: Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/20/70
23C. PHYSICIAN'S NAME (Type): Charlse Carr M.D. DEGREE
23D. ADDRESS: 3900 Charles St. Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/21/70
24C. NAME of CEMETERY or CREMATORY: Dulaney Valley
24D. LOCATION (City, town, or county) (State): Timonium, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc. ADDRESS: Balto. Md.

VS 150-REV. 1/1/68

B-653 70 7236

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

70 7236

REG. NO.

1. NAME OF DECEASED (Type or Print): BARNETT Benjamin

2. DATE AND HOUR OF DEATH: 7/2/70 5:45 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital

42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY: 15/3

C. CITY OR TOWN: BALTO

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 2527 Loyola Southway

5. SEX: M

6. RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 9/25/77

9. AGE (In years last birthday): 92

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Chart

ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
412.4	(A) IMMEDIATE CAUSE: ASCVD - Congestive failure	DAYS
	DUE TO, OR AS A CONSEQUENCE OF: (B) PNEUMONIA	weeks
	DUE TO, OR AS A CONSEQUENCE OF: (C)	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). HEMATURIA	weeks

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT ☐ WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/25/70 19__ to 7/2/70 19__ that (I) (we) last saw the deceased alive on 7/2/70 19__ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Joel N. Cherry M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 7/2/70

23C. PHYSICIAN'S NAME (Type): Joel N. Cherry M.D. DEGREE

23D. ADDRESS: ANATOMY BOARD OF MARYLAND JOHNS HOPKINS HOSPITAL JOHNS HOPKINS MEDICAL SCHOOL

24A. BURIAL, CREMATION, REMOVAL (Specify): 7-20-70

24B. DATE

24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD

ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. W-214 70 7237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7237

1. NAME OF DECEASED (Type or Print): Marie Wakefield

2. DATE AND HOUR OF DEATH: 7-18-70 2 30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Baltimore 2403

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1129 ~~Halls Alley~~ Halls Alley

5. SEX: F 6. RACE: W 7. MARITAL STATUS: MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 11/7/02 9. AGE (In years last birthday): 67 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore - Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Karl Harthausen

14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No If yes, give war or dates of service:

16. SOCIAL SECURITY NO.:

17. INFORMANT: George Wakefield ADDRESS: Above Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac arrest.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Septicemia, Fractured.

DUE TO, OR AS A CONSEQUENCE OF:

(C) Arteriosclerotic heart disease

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 7-2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/13/ 19 70 to 7/18/ 19 70 that (I) (we) last saw the deceased alive on 7/18/ 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Kywin DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]

23B. DATE SIGNED: 7/19/70.

23C. PHYSICIAN'S NAME (Type): KYI K LWIN DEGREE

23D. ADDRESS: Mercy Hospital Balt MD 21202

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24B. DATE: 7-21-70

24C. NAME of CEMETERY or CREMATORY: Cedar Hill Cem.

24D. LOCATION (City, town, or county) (State): Baltimore - Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970

25B. NAME OF REGISTRAR: Robert E. Tabey M.D.

25C. FUNERAL DIRECTOR: McCully ADDRESS: 130 E. Fort Ave.

VS 150-REV. 1/1/68

BIRTH NO. H-125 70 7238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7238

1. NAME OF DECEASED (Type or Print): MILDRED HOPKINS

2. DATE AND HOUR OF DEATH: July 10, 1990 | 10 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 1004

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 411 E. Biddle Street

5. SEX: Female 6. RACE: Negro 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 9/16/25 9. AGE (In years last birthday): 44 If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ? 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: ? 14. MOTHER'S MAIDEN NAME: ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.

17. INFORMANT: Chart, ADDRESS:

MEDICAL CERTIFICATION

18. 571.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Klebsiella Pneumonia — 3 wks.

DUE TO, OR AS A CONSEQUENCE OF: Alcoholic Liver Disease. — years

(B) DUE TO, OR AS A CONSEQUENCE OF: ~~2 wks.~~

(C) post op cholecystectomy — 4 wks.

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Hepatic Cirrhosis.

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from May 18 19 70 to July 10 19 1970 that (I) (we) last saw the deceased alive on July 10 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jerrold Ellner DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 7/10/70

23C. PHYSICIAN'S NAME (Type): Jerrold Ellner DEGREE

23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial 24B. DATE: 7/21/70 24C. NAME of CEMETERY or CREMATORY: MT Calvary Cemetry 24D. LOCATION (City, town, or county) (State): A A County M.

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970 25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D. 25C. FUNERAL DIRECTOR: Adolphus Hallstead ADDRESS: 1206 W North Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. O-520 70 7239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7239

1. NAME OF DECEASED (Type or Print): Mr. Elbert Owens

2. DATE AND HOUR OF DEATH: 7/20/70 7:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bon Secours Hospital 2025 W. Fayette St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: 2001
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1906 W. Lexington St.

5. SEX: M
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 12-18-88
9. AGE (In years last birthday): 81
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sam Owens
14. MOTHER'S MAIDEN NAME: Martha Frank

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 250-10-7377
17. INFORMANT: Olgarita Kozy ADDRESS: 1906 W. Lexington St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Septicemia Shock — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: hours
DUE TO, OR AS A CONSEQUENCE OF:

(B) Infected amputation stump, left leg — days
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Diabetes Mellitus — Years

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from July 19 1970 to July 20 1970 that (I) ~~(we)~~ last saw the deceased alive on July 20 1970 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: L Lofranco M.D. DEGREE
Attending Phys. [ ] Med. Director [X] Staff Phys. [ ]
23B. DATE SIGNED: 7-20-70
23C. PHYSICIAN'S NAME (Type): Lilia Lofranco M.D. DEGREE
23D. ADDRESS: Bon Secours Hosp. 2025 W. Fayette St.

24A. BURIAL CREMATION, REMOVAL (Specify): Removal
24B. DATE: 7/22/70
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City, town, or county) (State): Conway S.C.

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: M P Gaynor ADDRESS: 638 N. Gilmor St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. A-235 70 7240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 .7240

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): Lenwood Charles Austin

2. DATE AND HOUR OF DEATH: 7/20/70 | 1:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospital
38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: Rosewood State Hosp. MD 2506
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 3405 Chesser Ct. 21226

5. SEX: M
6. RACE: N
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1/27/37
9. AGE (In years last birthday): 33
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Chemical Plant
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herman Simmons
14. MOTHER'S MAIDEN NAME: Edna Freeman

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-39-3914
17. INFORMANT: Ida Austin, Hospital chart
ADDRESS: 3405 Chesser Ct

MEDICAL CERTIFICATION

18. 571.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Alcoholic cirrhosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ≈ 2 mos.
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/11 19 70 to 7/20 19 70 that (I) (we) last saw the deceased alive on 7/20/70 19 ___ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Hubert T. Gurley MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7/20/70
23C. PHYSICIAN'S NAME (Type): Hubert T. Gurley DEGREE
23D. ADDRESS: Univ. Hosp. Dept. Medicine 22 S. Greene St. 21201

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/25/70
24C. NAME of CEMETERY or CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Marshall P. Hayes
ADDRESS: 638 N Gilmor St

VS 150-REV. 1/1/68

57-09-46 JD 1

F-625 70 7241

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7241

1. NAME OF DECEASED (Type or Print): Frisoen, Hosie

2. DATE AND HOUR OF DEATH: July 18, 1970 | 2:40 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Ave., Baltimore, Md. 21224
31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1301
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2401 Lakeview Ave. 21217

5. SEX: Male
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12-7-1918
9. AGE (In years last birthday): 51
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Gen Contractor
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: Janie

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NN
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: BCH Records
ADDRESS: 4940 Eastern Ave Baltimore, Md. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic Lung Cancer — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 13 mos.
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from June 23 1970 to July 18 1970 that ~~(I)~~ (we) last saw the deceased alive on July 18 1970 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) (did not) view the body after death.

23A. SIGNATURE: James T. Corkins MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7.18.70
23C. PHYSICIAN'S NAME (Type): James T. Corkins Md. DEGREE
23D. ADDRESS: Baltimore City Hospitals, 4940 Eastern Ave. Baltimore, Md. 21224

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/22/70
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem Pk
24D. LOCATION (City, town, or county) (State): Baltimore MD 21227

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: [illegible]
ADDRESS: [illegible]

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-452

BIRTH NO. 70 7242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7242

1. NAME OF DECEASED (Type or Print): WILLIAMS, Percy NMI

2. DATE AND HOUR OF DEATH: 15 JULY 1970 | 9:00 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): VETERANS ADMINISTRATION HOSPITAL, 3900 LOCH RAVEN BOULEVARD, BALTIMORE, MARYLAND 21218

23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE CITY 1603
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 512 NORTH GILMORE STREET 21223

5. SEX: MALE
6. RACE: NEGROID
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7-15-06
9. AGE (In years last birthday): 64
If Under 1 Yr. Months / Days | If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY: STEEL
11. BIRTHPLACE (State or foreign country): HAMMOND LOUISIANA
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: IKE WILLIAMS
14. MOTHER'S MAIDEN NAME: ANNA C ALLISON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES (If yes, give war or dates of service): 5-5-44 TO 2-23-46
16. SOCIAL SECURITY NO.: 434-12-02-35
17. INFORMANT: VA HOSPITAL RECORDS — ADDRESS: 3900 LOCH RAVEN BLVD, BALTO, MD 21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

493 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Calcified Aortic Stenosis
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) Bronchial Asthma (By Hx)
DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: Pulmonary congestion left ventricular hypertropy, Pulmonary adhesions bilateral

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 15 JULY 19 70 to 15 JULY 19 70 that (I) (we) last saw the deceased alive on 15 JULY 19 70 and that (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Marvin J. Gordon, MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): MARVIN J. GORDON, M.D. DEGREE
23D. ADDRESS: 3900 LOCH RAVEN BLVD, BALTO, MD 21218

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7/20/70
24C. NAME of CEMETERY or CREMATORY: Balto National Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970
25B. NAME OF REGISTRAR: E. Faber, M.D.
25C. FUNERAL DIRECTOR: HAYES FUNERAL HOME — ADDRESS: 638 N. Gilmor St., Baltimore, Maryland

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

M-246 70 7243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7243

BIRTH NO.

1. NAME OF DECEASED (Type or Print): McClure, John

2. DATE AND HOUR OF DEATH: 7-19-70 12:16 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bon Secour Hosp. 34

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 7128 Rolling Bend Rd.

C. CITY OR TOWN: Balto. Md. D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 7128 Rolling Bend Rd

5. SEX: M 6. RACE: W 7. MARITAL STATUS: MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 01-20-02 9. AGE (In years last birthday): 68 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Display Manager

10B. KIND OF BUSINESS OR INDUSTRY: Bond Clothing

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert L. McClure

14. MOTHER'S MAIDEN NAME: Della Kays

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 135-07-0170

17. INFORMANT: Mrs. Teresa McClure, 7128 Rolling Bend Rd., ADDRESS Baltimore, Md. 21207

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 360.34 015.0

(A) IMMEDIATE CAUSE: Electrolyte Imbalance — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Acute Dilatation of Stomach & Intestinal Obstruction — days

DUE TO, OR AS A CONSEQUENCE OF:

(C) Fecal Impaction — weeks

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): TB of Spines — yrs.

19A. DATE OF OPERATION: none

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from July 18 1970 to July 19 1970, that (I) ~~(we)~~ last saw the deceased alive on July 19 1970 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: H. Lofranco DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 7-19-70

23C. PHYSICIAN'S NAME (Type): Lilia Lofranco M.D. DEGREE

23D. ADDRESS: Bon Secours Hosp. 2025 W. Fayette St.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/22/70

24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE RECEIVED BY HEALTH DEPT.: JUL 21 1970

25B. NAME OF REGISTRAR: Robert E. Tasker, M.D.

25C. FUNERAL DIRECTOR: Witzke, 1630 Edmondson Av., Baltimore, Md. ADDRESS (Catonsville)

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-462 70 7244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7244

1. NAME OF DECEASED (Type or Print): SELLERS WALTER

2. DATE AND HOUR OF DEATH: 20 July 1970 · 1.10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bon Secours Hospital, Fayette and Balto Streets, Balto. Md. 21223

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 2834

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4803 BRIARCLIFF ROAD

5. SEX: M

6. RACE: W

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 5-2-21

9. AGE (In years last birthday): 49

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN

10B. KIND OF BUSINESS OR INDUSTRY: US TAG + TICKET

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HERBERT W. SELLERS

14. MOTHER'S MAIDEN NAME: ALBERTA WILT

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-05-1166

17. INFORMANT: Mrs. Mary L. Sellers, 4803 Briarclift Rd. ADDRESS: Balto., Md. 21229

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 161.8

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Generalized Carcinomatosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 mos.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Squamous cell Ca epiglottis & pharynx — 14-16 mos

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: Pneumonia — days

19A. DATE OF OPERATION: —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): yes.

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes.

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-7 19 70 to 7-20 19 70 that (I) (we) last saw the deceased alive on 7-20 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Chumsak Pruhsagrong, M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 7/20/70.

23C. PHYSICIAN'S NAME (Type): Chemsak Pruhsagrong DEGREE

23D. ADDRESS: Bon Secours

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/23/70

24C. NAME of CEMETERY or CREMATORY: Meadowridge Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: Witzke, 4101 Edmondson Av., Balto., Md. 21229 ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Briarcliff

D-120

BIRTH NO. 70 7245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7245

1. NAME OF DECEASED (Type or Print): JAMES N. DAVIS

2. DATE AND HOUR OF DEATH: 16 July 1970 10:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University of Md. Hospital 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 1604

C. CITY OR TOWN: Balto

D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 513 Pulaski Street

5. SEX: M

6. RACE: N

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 12/12/45

9. AGE (In years last birthday): 25

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Lakeview, S. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Curtis Davis

14. MOTHER'S MAIDEN NAME: Corine Jacobs

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 251-76-9220

17. INFORMANT: Chart (Shirley Reaves) ADDRESS: 513 N. Pulaski St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Renal Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4D

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Mitral insufficiency - cirrhosis?

19A. DATE OF OPERATION: —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 16 July 1970 to 16 July 1970 that (I) (we) last saw the deceased alive on 16 July 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Mark M. Applefeld, MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 16 July 1970

23C. PHYSICIAN'S NAME (Type): MARK M. APPLEFELD, MD DEGREE

23D. ADDRESS: University of Md. Hospital Balto, Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/27/70

24C. NAME of CEMETERY or CREMATORY: Lakeview Cem

24D. LOCATION (City, town, or county) (State): Lakeview, S. C.

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: Morton & Dyett F.H. ADDRESS: 1701 Laurens St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

HBD 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

I-655 70 7246

BIRTH NO. 70-12403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7246

1. NAME OF DECEASED (Type or Print): FUHRMANNECK BABY BOY

2. DATE AND HOUR OF DEATH: JULY 19, 1970 9:40A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 40 ST. AGNES HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Balto 21228 5301
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 5931 CARROLL ST.

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 07 17 70
9. AGE (In years last birthday)
If Under 1 Yr. Months: Days: 1
If Under 24 Hrs. Hours: 14 Min.: 40
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: RAYMOND FUHRMANNECK
14. MOTHER'S MAIDEN NAME: DARLENE (JENKINS)
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: AVES. BALTO. MD. ADDRESS: 21229
ST. AGNES HOSP. RECORDS-CATON & WILKENS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardio respiratory failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Premature. Hyalin Membrane
DUE TO, OR AS A CONSEQUENCE OF:
(C) disease Intracranial hemorrhage

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from JULY 17 19 70 to JULY 19 19 70 that (X) (we) last saw the deceased alive on JULY 19 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (X) (We) (did) (did not) view the body after death.

23A. SIGNATURE: BAIG DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7-20-70
23C. PHYSICIAN'S NAME (Type): Mirza Hussain Ali Baig DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/21/70
24C. NAME of CEMETERY or CREMATORY: Good Shepherd Cemetery
24D. LOCATION (City, town, or county) (State): Ellicott City Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Howard Co. Fun. Home of Harry H. Witzke
ADDRESS: Ellicott City, Md. 21043

VS 150-REV. 1/1/68

E-526 70 7247

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7247

1. NAME OF DECEASED (Type or Print): CATHERINE A. ENSOR

2. DATE AND HOUR OF DEATH: July 18, 1970 | 4, 30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): House in the Pines - Belevedere, 2525 W. Belvedere Ave., Baltimore, Md.

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 2611

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1111 S. Clinton St. # 21224.

5. SEX: Female 6. RACE: White 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Jan. 16, 1881 9. AGE (In years last birthday): 89 If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: House Work

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Friedel

14. MOTHER'S MAIDEN NAME: Margaret Dorn

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service): ——

16. SOCIAL SECURITY NO.: 218-22-0326

17. INFORMANT: Marie M. Williams ADDRESS: 1109 S. Clinton St. #24

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Acute M.I.	Unknown
DUE TO, OR AS A CONSEQUENCE OF:	Arteriosclerotic C.V.D.	6 Y.
(B)	Cerebral Overnffby	6 Y
DUE TO, OR AS A CONSEQUENCE OF:	Arteriosclerotic C.V.D.	6 Y
(C)	Senile Dementia	6 Y.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 15 1965 to July 18 1970 that (I) (we) last saw the deceased alive on July 13 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: [signature] DEGREE Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ] 23B. DATE SIGNED: 7/20/70

23C. PHYSICIAN'S NAME (Type): LESTER N. KOLMAN DEGREE 23D. ADDRESS: 6821 Reisterstown Rd., Balto., Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 7-21-70 24C. NAME of CEMETERY or CREMATORY: Sacred Heart Cemetery 24D. LOCATION (City, town, or county) (State): 7401 German Hill Rd., Ba. Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970 25B. NAME OF REGISTRAR: Robert E. Farber, M.D. 25C. FUNERAL DIRECTOR: Charles S. Giles ADDRESS: 901 S. Clinton St. Balto., 21224, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. D-000 70 7248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7248

1. NAME OF DECEASED (Type or Print): Corrine DAY

2. DATE AND HOUR OF DEATH: 7/19/70 4:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 90

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Midtown Home, Inc. 808 St. Paul Street Baltimore, Maryland 21202

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY: 1403

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 1909 Etting Street 21217

5. SEX: F

6. RACE: N

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 6/14/33

9. AGE (In years last birthday): 37

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank Day

14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardiorespiratory failure

DUE TO, OR AS A CONSEQUENCE OF: Ca of cervix with

(B) Generalized Met(a)stasis

DUE TO, OR AS A CONSEQUENCE OF:

(C) Cirrhosis of liver

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ☒ April 30 19 70 to July 19 19 70, that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type): Will and Applefeld DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-22-70

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970

25B. NAME OF REGISTRAR: Robert E. Farley, M.D.

25C. FUNERAL DIRECTOR: C. Weinwright

ADDRESS: 2700 Edmondson Ave.

VS 150-REV. 1/1/6B

S-300 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7249 REG. NO. 70 7249

1. NAME OF DECEASED (Type or Print): Melvin Scott
2. DATE AND HOUR OF DEATH: 7-20-70 9:25 a.m.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hospital
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Maryland B. COUNTY: Baltimore 807 C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐ E. STREET AND NUMBER: 1511 N Chapel Street
5. SEX: Male
6. RACE: Negro
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2-22-18
9. AGE (In years last birthday): 52 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Govt
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Joe Scott
14. MOTHER'S MAIDEN NAME: Marcella King
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES — (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: 33-16-5424
17. INFORMANT: Margaret Scott — ADDRESS: 1511 N. Chapel St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — 427.2

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 30 min.

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Cerebral Vascular Disease

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED — While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 1 19 70 to July 20 19 70 that (I) (we) last saw the deceased alive on July 20 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Larry Kvols, M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7-20-70
23C. PHYSICIAN'S NAME (Type): LARRY Kvols, M.D. DEGREE
23D. ADDRESS: Johns Hopkins Hospital
24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/23/70
24C. NAME of CEMETERY or CREMATORY: Balto. National
24D. LOCATION (City, town, or county) (State): A.A. County, Md
25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Joseph D. Rock Jr. — ADDRESS: 1304 N. Carrollton

VS 150-REV. 1/1/68

1

C-420 70 7250

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 7250

1. NAME OF DECEASED (Type or Print): CLARANCE CLASH

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour

3. DATE PRONOUNCED DEAD: Month Day Year July 9, 1970 Hour 5:30 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME AND HOSPITAL

35

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1608
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3501 Gelston Drive

6. SEX: Male

7. RACE: Negro

8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 12 Feb 29

10. AGE (In years last birthday): 41

If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clarence Clash Sr.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Carrier

14B. KIND OF BUSINESS OR INDUSTRY: Postal Industry

15. MOTHER'S MAIDEN NAME: Mertle Jones

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Yes 17 Mar 46 - 18 Mar 48

17. SOCIAL SECURITY NO.: 220-22-6242

18. INFORMANT: Doris Clash ADDRESS: 3501 Gelston Dr.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Subdural Hemorrhage

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Epilepsy

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): In front of 130 N. Aisquith Street

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 7-7-70 9:25 A. m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? ~~Fell during seizure~~ Felt dizzy before he fell

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: J. Mihalakis M.D.

EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 7/10/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/15/70

24C. NAME of CEMETERY or CREMATORY: Baltimore Nat. Cmtry

24D. LOCATION (City, town, or county) (State): Baltimore, Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: J. B. Johnson ADDRESS: 1900 Eutaw Pl. Bal. Md

VS 151-REV. 3/1/68

N 552 0

Letter from M.E.'s office 9-2-70 M.H.

M-245 70 7251

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7251

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): George W. McLemore

2. DATE AND HOUR OF DEATH: 7/20/70 4:10 a M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital 601 N. Broadway, Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore 604
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [XX] NO [ ]
E. STREET AND NUMBER: 1906 E. Baltimore St.

5. SEX: Male
6. RACE: Caucasian
7. MARRIED [XX] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5/5/02
9. AGE (In years last birthday): 68
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10B. KIND OF BUSINESS OR INDUSTRY: Cotton Mill
11. BIRTHPLACE (State or foreign country): ~~Baltimore~~ Rome Ga.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: unknown Charles Henry McLemore
14. MOTHER'S MAIDEN NAME: unknown Nancy Adams
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 254-01-6169
17. INFORMANT: Mildred Ashford McLemore ADDRESS: 1906 E Baltimore St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Hepatic Encephalopathy — Approximate interval between onset and death: 1 day
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) Laennec's Cirrhosis, liver — 9 yrs
DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C) Chronic alcoholism

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Pending
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/13 19 70 to 7/20 19 70 that (I) (we) last saw the deceased alive on 7/20 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard L. Taw Jr. M.D. DEGREE
Attending Phys. [XX] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/20/70
23C. PHYSICIAN'S NAME (Type): Richard L. Taw, Jr., M.D. DEGREE
23D. ADDRESS: 601 N. Broadway, Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: JULY 23-70
24C. NAME of CEMETERY or CREMATORY: ST PAUL'S CEMETERY
24D. LOCATION (City, town, or county) (State): BOSTON ST BALTO MD

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: THE DIFFEE BROS INC ADDRESS: 1800 E LOMBARD ST

VS 150-REV. 1/1/68

AC U-532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7252 X REG. NO. 70 7252

1. NAME OF DECEASED (Type or Print): VAN DYKE, GEORGE ENOCH

2. DATE AND HOUR OF DEATH: JULY 15, 1970 | 9:35 PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST. AGNES HSOPITAL WILKENS & CATON AVENUE BALTIMORE, MARYLAND

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: HOWARD COUNTY 6300
C. CITY OR TOWN: COLUMBIA D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 10111 KWIND STREAM DRIVE

5. SEX: MALE 6. RACE: WHITE 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 11/04/96 9. AGE (In years last birthday): 73 If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BUSINESS OFFICER 10B. KIND OF BUSINESS OR INDUSTRY: College

11. BIRTHPLACE (State or foreign country): ~~OKLAHOMA~~ Ark. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE VAN DYKE DEC'D

14. MOTHER'S MAIDEN NAME: CATHERINE (BERRY) DEC'D

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 112201111

17. INFORMANT: ST. AGNES HOSPITAL, WILKENS & CATON AVE. ADDRESS: BALTO. MD. 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiogenic shock — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

(B) Acute MI

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JULY 15, 1970 19 to JULY 15 19 70 that (I) (we) last saw the deceased alive on JULY 15 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ching-Hui Tsai, M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ — 23B. DATE SIGNED: 07 15 70

23C. PHYSICIAN'S NAME (Type): Ching-Hui Tsai, M.D. DEGREE — 23D. ADDRESS: ST AGNES HOSPITAL BALTO MD 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 3-20-70 24C. NAME of CEMETERY or CREMATORY: Bronswood Cem. 24D. LOCATION (City, town, or county) (State): Hinsdale ILL.

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970 25B. NAME OF REGISTRAR: Robert E. Talbert, M.D. 25C. FUNERAL DIRECTOR: Highland Park-Slack ADDRESS: Elliott City, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-155 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69-22907 70 7253

REG. NO. 70 7253

1. NAME OF DECEASED (Type or Print): HOFFMAN, MARY

2. DATE AND HOUR OF DEATH: 7/19/70 10 35 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD B. COUNTY: BALTIMORE 5300

C. CITY OR TOWN: BALTIMORE 21220 D. INSIDE CITY LIMITS? YES ☒ NO ☒

E. STREET AND NUMBER: 6 SERPON CT

5. SEX: F 6. RACE: W 7. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 12-10-69 9. AGE (In years last birthday): If Under 1 Yr. Months: 7 Days: 9 If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: EARLE HOFFMAN

14. MOTHER'S MAIDEN NAME: SANDRA COBB

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Earl Hoffman ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: HEPATOBLASTOMA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 MONTHS (? BIRTH)

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 7/7/70 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: ABDOMINAL MASS

20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-3 1970 to 7-19 1970 that (I) (we) last saw the deceased alive on 7/19 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We) (did) (did not)~~ did view the body after death.

23A. SIGNATURE: Alan R. Fleischman M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ — 23B. DATE SIGNED: 7/19/70

23C. PHYSICIAN'S NAME (Type): ALAN R. FLEISCHMAN M.D. DEGREE — 23D. ADDRESS: 550 N. BROADWAY MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 7/21/70 24C. NAME of CEMETERY or CREMATORY: Holly Hill Memorial Gardens 24D. LOCATION (City, town, or county) (State): Baltimore Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970 25B. NAME OF REGISTRAR: Robert E. Joubert, M.D. 25C. FUNERAL DIRECTOR: James E. Bruzdzinski ADDRESS: James E. Bruzdzinski 1407 Eastern Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

R-140 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7254 REG. NO. 70 7254

1. NAME OF DECEASED (Type or Print): RIBLEY, PATRICIA L.

2. DATE AND HOUR OF DEATH: JULY 15, 1970 5:00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 40 ST. AGNES HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CATON & WILKENS AVENUES BALTIMORE, MD. 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTIMORE 2047
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 3514 OLD FREDERICK ROAD

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 8. DATE OF BIRTH: 09-05-99 9. AGE (In years last birthday): 70 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical Nurse 10B. KIND OF BUSINESS OR INDUSTRY: Nursing 11. BIRTHPLACE (State or foreign country): SOUTH CAROLINA 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES G. LEWIS 14. MOTHER'S MAIDEN NAME: MARGARET (RUGLEDGE)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 218-28-2012 17. INFORMANT: ST. AGNES HOSPITAL RECORDS ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Heart failure — 1 hr
DUE TO, OR AS A CONSEQUENCE OF:
(B) Partial gut obstruction
DUE TO, OR AS A CONSEQUENCE OF:
(C) Embolism of leg

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 7-11-70 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Embolectomy 20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from JULY 5 19 70 to JULY 15 19 70 that I (we) last saw the deceased alive on JULY 15, 1970 19 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (did not) view the body after death.

23A. SIGNATURE: Bamroong Lerdboon MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ 23B. DATE SIGNED: 7-15-70

23C. PHYSICIAN'S NAME (Type): BAMROONG LERDBOON MD DEGREE 23D. ADDRESS: St. Agnes Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 7-18-70 24C. NAME of CEMETERY or CREMATORY: Crestlawn Cem. 24D. LOCATION (City, town, or county) (State): Elliott City Howard Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970 25B. NAME OF REGISTRAR: Robert E. Talbert M.D. 25C. FUNERAL DIRECTOR: Higinbotham-Slack ADDRESS: Elliott City Md.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. F-321 70 7255

REG. NO. 70 7255

1. NAME OF DECEASED (Type or Print): Rose M. Fitzpatrick

2. DATE AND HOUR OF DEATH: 7/16/70 5:45 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Jenkins Memorial Hospital 1000 Caton Ave. Baltimore, Maryland 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Howard 6300
C. CITY OR TOWN: Ellicott City D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 9122 E. Stayman Drive

5. SEX: Female 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 8. DATE OF BIRTH: 9/3/1890 9. AGE (In years last birthday): 79 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Federal Gov. Clerk 10B. KIND OF BUSINESS OR INDUSTRY: U.S. Government 11. BIRTHPLACE (State or foreign country): Washington D.C. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bernard Connolly 14. MOTHER'S MAIDEN NAME: Margaret Burke

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Unknown (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 216-52-6554 17. INFORMANT: Jenkins Memorial ADDRESS: 1000 Caton Ave. 21229 Md.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 44019 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Coronary artery sclerosis and old age — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: N/A

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from March 27 1970 to July 16, 1970 19, that (I) (we) last saw the deceased alive on July 15, 1970 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Laurence R. Gallagher M.D. DEGREE Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐ 23B. DATE SIGNED: 16 July 70

23C. PHYSICIAN'S NAME (Type): Laurence R. Gallagher, M. D. DEGREE 23D. ADDRESS: Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 7-18-70 24C. NAME of CEMETERY or CREMATORY: Mt Olivet Cemetery 24D. LOCATION (City, town, or county) (State): Washington, D. C.

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970 25B. NAME OF REGISTRAR: Robert E. LeBey, M.D. 25C. FUNERAL DIRECTOR: Francis J. Collins ADDRESS: 500 Univ. Blvd. W. SILVER SPRING, MARYLAND.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. L-200 70 7256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7256

1. NAME OF DECEASED (Type or Print): JOEL D. LEWIS

2. DATE AND HOUR OF DEATH: 7.19.70 8 33 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): USPHS Hospital, Wyman Pk Pl. Balto.

CERTIFICATE AMENDED 7-31-70

FULL NAME OF HOSPITAL OR INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Dorchester Co
C. CITY OR TOWN: Church Creek
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: Md 5900

5. SEX: M
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Jul 18 1924
9. AGE (In years. Last birthday): 46
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mate
10B. KIND OF BUSINESS OR INDUSTRY: Maritime
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? US.
13. FATHER'S NAME: Wm R Lewis
14. MOTHER'S MAIDEN NAME: ~~Sylva Lewis~~ Bertha Dean
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220 120641
17. INFORMANT: R. Ward MD Staff Physician ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic carcinoma of liver C jaundice — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 months.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Oat cell carcinoma of lung.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 7.1 1969 to 7.19 1970, that (I) (~~we~~) last saw the deceased alive on 7.18 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Frank Gross MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7.19.70
23C. PHYSICIAN'S NAME (Type): FRANK GROSS. DEGREE
23D. ADDRESS: 1032 Faulkner Ridge Columbia Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/22/70
24C. NAME of CEMETERY or CREMATORY: Dorchester Memorial Park
24D. LOCATION (City, town, or county) (State): Cambridge, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: LeCompte Funeral Service, Cambridge, Md. ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

V.S. 153 7-31-70 M.H.

BIRTH NO. B-630 70 7257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 38-64-44 3 70 7257

1. NAME OF DECEASED (Type or Print): William E BEYARD

2. DATE AND HOUR OF DEATH: 7/18/70 8:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 UNIV. Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Washington 7103
C. CITY OR TOWN: HAGERSTOWN Hagerstown
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1870 Fountain Head FOUNTAIN HEAD Rd.

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7/11/09
9. AGE (In years last birthday): 60
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): C+P Telephone
10B. KIND OF BUSINESS OR INDUSTRY: Telephone
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W Beyard
14. MOTHER'S MAIDEN NAME: Hazel Kirk Elliott

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-09-0790
17. INFORMANT: Chart
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Transitional cell Carcinoma of bladder — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 mos.
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/21 1970 to 7/18 1970 that (I) (we) last saw the deceased alive on 7/18 1970 and that in (my) (our) opinion death occurred at the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: David S. McHold MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7/18/70
23C. PHYSICIAN'S NAME (Type): DAVID S. McHOLD DEGREE
23D. ADDRESS: UNIV HOSP

24A. BURIAL CREMATION, REMOVAL (Specify): burial
24B. DATE: 7-20-70
24C. NAME of CEMETERY or CREMATORY: St. Paul's Cemetery
24D. LOCATION (City, town, or county) (State): ClearSpring Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970
25B. NAME OF REGISTRAR: Robert E. Foley, M.D.
25C. FUNERAL DIRECTOR: Messner Funeral Home
ADDRESS: Hagerstown Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-530 70 7258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 7258

1. NAME OF DECEASED (Type or Print): Smith, Jesselean Theresa
Smith Jesselean Theresa

2. DATE AND HOUR OF DEATH: 7-18-70 - 22,45 Hrs. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
University Hospital, Baltimore Maryland 21201

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE ~~Maryl~~ B. COUNTY Adams RD #2 Littlestown, Pa.
C. CITY OR TOWN: Littlestown, Pa. R-2
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Littlestown, Pa. R. D. 2 - 17340

V-35

5. SEX: F
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 4-14-32
9. AGE (In years last birthday): 38
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife-Housework
10B. KIND OF BUSINESS OR INDUSTRY: Her own home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: BERNARD - Noel,
14. MOTHER'S MAIDEN NAME: VIOLA, PITTINGER.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 199-24-9353
17. INFORMANT: University of Md. Hospital, 21201 ADDRESS

MEDICAL CERTIFICATION

18. 394.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: low Cardiac Out Put.
DUE TO, OR AS A CONSEQUENCE OF:

(B) Mitral Valve Surgery,
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 7-16-70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Mitral insufficiency
20A. AUTOPSY? (Yes or No): Refused No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-12-70 19 to 7-18-70 19 that (I) (we) last saw the deceased alive on 10:30 P.M. 19 7-18-70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rostam Fardin M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type): ROSTAM FARDIN M.D. DEGREE
23D. ADDRESS: University of Md. Hospital Baltimore Md. 21201

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/22/70
24C. NAME of CEMETERY or CREMATORY: St. Aloysius Cemetery
24D. LOCATION (City, town, or county) (State): Littlestown, Adams County, Pa.

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970
25B. NAME OF REGISTRAR: Robert E. Farley M.D.
25C. FUNERAL DIRECTOR: Richard A. Little ADDRESS: Littlestown, PA.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-250 70 7259

REG. NO. 70 7259

1. NAME OF DECEASED (Type or Print): HOGAN ELSIE

2. DATE AND HOUR OF DEATH: 7-15-70, 9 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: BALTIMORE
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 3700 N. CHARLES STR. 1201

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 12-28-90
9. AGE (In years last birthday): 79
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES MOYER
14. MOTHER'S MAIDEN NAME: FRANCES FLINT

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.
17. INFORMANT
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: OLIGEMIC SHOCK
DUE TO, OR AS A CONSEQUENCE OF:
(B) CACHEXIA + DEHYDRATION
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 07-15 ~~to~~ 1970 to 07-15 1970 that (I) ~~(we)~~ last saw the deceased alive on 07-15 1970 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: J. P. Weber M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 07-15-70
23C. PHYSICIAN'S NAME (Type): J. D. MIKUS M.D. DEGREE
23D. ADDRESS: UMH

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/18/70
24C. NAME of CEMETERY or CREMATORY: Druid Ridge Cemetery
24D. LOCATION (City, town, or county) (State): Pikesville, Md. Pk Hts Ave

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Henry W. Mean
ADDRESS: Wm. J. Tickman & Sons

VS 150-REV. 1/1/68

1

O-416 70 7260 BALTIMORE CITY HEALTH DEPARTMENT X 70 7260

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO.

CERTIFICATE AMENDED

1. NAME OF DECEASED (Type or Print): CRUGER, OLIVER (BROOKS)

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 7 Day 17 Year 1970 Hour 7:29 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Md. B. COUNTY: ~~Baltimore~~ AACO

C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 623 Biscay Ave. 5200

6. SEX: Male 7. RACE: White 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 12-23-70 1917 10. AGE (In years last birthday): 52 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Pelham Georgia 12. CITIZEN OF WHAT COUNTRY? U.S.A. 13. FATHER'S NAME: Nicholas Oliver

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Navy 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME: Ludye Adams

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): yes (If yes, give war or dates of service): WW II 17. SOCIAL SECURITY NO.: 213-28-7044 18. INFORMANT: Charolette Oliver ADDRESS: Above Address

MEDICAL CERTIFICATION

19. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) — CAUSE OF DEATH: Arteriosclerotic cardiovascular disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m. 22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Werner U. Spitz, M.D. M.D.

DEPUTY CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 7-17-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 7-21-70 24C. NAME of CEMETERY or CREMATORY: Arlington National 24D. LOCATION (City, town, or county) (State): Arlington Virginia

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970 25B. NAME OF REGISTRAR: Robert E. Foxley, M.D. 25C. FUNERAL DIRECTOR: McCully ADDRESS: 130 E. Fort Ave.

VS 151-REV. 1/1/68

U.S.Navy Discharge--Service No.268-17 41

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7261

BIRTH NO. W 252 70 7261

1. NAME OF DECEASED (Type or Print): Wisniewski, Helen

2. DATE AND HOUR OF DEATH: 7/17/70 1:15 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 0101
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 817 S. Potomac Street

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 3/11/99
9. AGE (In years last birthday): 71
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alvie P. Swanner
14. MOTHER'S MAIDEN NAME: Mary Jane Beck

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Doris Wisniewski
ADDRESS: 2019 Holborn Rd., Baltimore, Md.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Respiratory arrest
DUE TO, OR AS A CONSEQUENCE OF:
(B) Pulmonary edema
DUE TO, OR AS A CONSEQUENCE OF:
(C) ? Myocardial infarction

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from July 17 1970 to July 17 1970, that I (we) last saw the deceased alive on July 17 1970 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (did not) view the body after death.

23A. SIGNATURE: Steven R. Austin, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/17/70
23C. PHYSICIAN'S NAME (Type): STEVEN R. AUSTIN DEGREE
23D. ADDRESS: 550 No. Broadway, Baltimore, Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-20-70
24C. NAME of CEMETERY or CREMATORY: St. Stanislaus Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970
25B. NAME OF REGISTRAR: Robert E. Jakey, M.D.
25C. FUNERAL DIRECTOR: Nicholas T. Matthews
ADDRESS: 3021 Eastern Ave., Baltimore, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

R-152 70 7262

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7262

1. NAME OF DECEASED (Type or Print): GEORGE H. ROBINSON

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: July; Day: 17; Year: 1970; Hour: M.

3. DATE PRONOUNCED DEAD — Month: July; Day: 17; Year: 1970; Hour: 7:00 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Church Home and Hospital (DOA)

35 99

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 601

6. SEX: Male

7. RACE: White

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: 12/2/'32

10. AGE (In years last birthday): 37

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

E. STREET AND NUMBER: 2826 E. Baltimore St.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herman G. Robinson

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): USAF Staff Sgt.

14B. KIND OF BUSINESS OR INDUSTRY: Air Force

15. MOTHER'S MAIDEN NAME: Edith M. Hammerbacker

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): yes (If yes, give war or dates of service): Korean

17. SOCIAL SECURITY NO.: 279-28-5593

18. INFORMANT: Mrs. Deanna E. Robinson ADDRESS: 2826 E. Baltimore St.

MEDICAL CERTIFICATION

19. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: 7-18-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/21/'70

24C. NAME of CEMETERY or CREMATORY: Baltimore National Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: John A. Moran, Inc. ADDRESS: 3000 E. Baltimore ST.

VS 151-REV. 1/1/68

1

D-520 70 7263

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7263

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Francis William Downs

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 7 Day 17 Year 70 Hour 2:50 A M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 John Hopkins Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 4823 Sinclair Lane B. COUNTY: 2652

6. SEX: Male

7. RACE: White

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 11/2/27

10. AGE (In years last birthday): 42
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 4823 Sinclair Lane

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John M. Downs

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Margaret Wittmer

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): yes (If yes, give war or dates of service): Navy

17. SOCIAL SECURITY NO.: 216-20-8240

18. INFORMANT: Lorraine Downs, wife, above ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic Cardiovascular Disease

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No)

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☒ Inspection ☐ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): RONALD N. KORNBLUM MD

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/20/70

24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970 Robert E. Faber, M.D.

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. ADDRESS: 3331 Brehms Lane

VS 151-REV. 3/1/68

BIRTH NO. K-500 70 7264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7264

1. NAME OF DECEASED (Type or Print): BERNARD J. KENNEY

2. DATE AND HOUR OF DEATH: 7-18-70 2:00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SOUTH BALTIMORE GEN. HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 2633

C. CITY OR TOWN: BALTO.

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 3402 BRENDAN AVE.

5. SEX: M

6. RACE: W

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 10-22-1896

9. AGE (In years last birthday): 73

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tavern

10B. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael Kenney

14. MOTHER'S MAIDEN NAME: Elda Croghan

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-32-2071A

17. INFORMANT: 3402 Brendan Ave. ADDRESS

Winifred A. Gessner, sister

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial Infarction

DUE TO, OR AS A CONSEQUENCE OF: Diabetes mellitus

(B) DUE TO, OR AS A CONSEQUENCE OF: gangrene of foot

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6-1 1970 to 7-18 1970 that (I) (we) last saw the deceased alive on 7-18 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gaudencio A. Arrueja DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 7-18-70

23C. PHYSICIAN'S NAME (Type): ARRUEJA DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/21/70

24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970

25B. NAME OF REGISTRAR: Robert E. Farber M.D.

25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7265

BIRTH NO. H-123 70 7265

1. NAME OF DECEASED (Type or Print): JOHANNES J. HOFSTEDE

2. DATE AND HOUR OF DEATH: 7.18.70 5:35 pm

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): USPHS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore 2402
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 541 E. Gittings St.

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 4/23/1905
9. AGE (In years last birthday): 65
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steward
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Holland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Johannes Hofstede
14. MOTHER'S MAIDEN NAME: Regina Henning

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mary Hofstede ADDRESS: Above Address

MEDICAL CERTIFICATION

1B. 1529

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: METASTATIC LUNG CARCINOMA — 4 months.

DUE TO, OR AS A CONSEQUENCE OF:

(B) CARCINOMA OF STOMACH

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: White At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from July 1st 1970 to July 18th 1970, that (I) ~~(we)~~ last saw the deceased alive on July 18th 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Frank Gross M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7.18.70

23C. PHYSICIAN'S NAME (Type): FRANK GROSS DEGREE
23D. ADDRESS: 10372 Faulkner Ridge, Columbia Md

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-22-70
24C. NAME of CEMETERY or CREMATORY: Cedar Hill
24D. LOCATION (City, town, or county) (State): Baltimore - Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: McCully ADDRESS: 130 E. Fort Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. R-530 70 7266 REG. NO. 70 7266

1. NAME OF DECEASED (Type or Print): William K. Snead

2. DATE AND HOUR OF DEATH: 7/18/70 11 08 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bon Secours Hospital 34

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: BALTIMORE 5300
C. CITY OR TOWN: Balto. 21234 D. INSIDE CITY LIMITS? YES ☒ NO ☒
E. STREET AND NUMBER: 1326 Kenton Road

5. SEX: Male 6. RACE: White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 6/23/02 9. AGE (In years last birthday): 68 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mixer
10B. KIND OF BUSINESS OR INDUSTRY: Paint Co.
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Perry Snead
14. MOTHER'S MAIDEN NAME: Josephine Arzman

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): —
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-01-9691
17. INFORMANT: Dorothy Mae Snead Same as #4 ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 4369

(A) IMMEDIATE CAUSE: Generalized Sepsis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Decubitus Ulcer, buttocks, infected — weeks

DUE TO, OR AS A CONSEQUENCE OF:

(C) old left CVA c̄ residual hemiplegia and aphasia — 1 year

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

Old MI Generalized Cerebral Arteriosclerosis — years

19A. DATE OF OPERATION: None
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (this hospital) attended the deceased from July 17 1970 to July 18 1970 that (I) last saw the deceased alive on July 18 a.m. 1970 and that in (my) opinion death occurred on the date and hour and from the causes stated above. (I) (did) view the body after death.

23A. SIGNATURE: Lofranco M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7-18-70
23C. PHYSICIAN'S NAME (Type): Lilia A. Lofranco M.D. DEGREE
23D. ADDRESS: Bon Secours Hosp. 2025 W. Fayette St.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-21-1970
24C. NAME OF CEMETERY or CREMATORY: Woodlawn
24D. LOCATION (City, town, or county) (State): Woodlawn Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970
25B. NAME OF REGISTRAR: Robert E. Jacobs M.D.
25C. FUNERAL DIRECTOR: W. M. Cook-Brooks Towson ADDRESS: 1050 York Rd. Towson, Md. 21204

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-260

BIRTH NO.

CERTIFICATE OF DEATH

REG. NO. 70 7267

1. NAME OF DECEASED (Type or Print): Mr. CHRISTIAN B. BECKER

2. DATE AND HOUR OF DEATH: 7/17/70 12.10 A.M. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 34/Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland. B. COUNTY: Baltimore 5300

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 907 St. Charles Avenue 21229

5. SEX: male 6. RACE: W. 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 06/19/82 9. AGE (In years last birthday): 88 ~~87~~ If Under 1 Yr. Months Days Hours If Under 24 Hrs. Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: August Becker

14. MOTHER'S MAIDEN NAME: Caroline

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-32-9604

17. INFORMANT: Mr. Bernard M. Becker, 907 St. Charles Ave. ADDRESS 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 427.0

(A) IMMEDIATE CAUSE: Congestive heart failure

DUE TO, OR AS A CONSEQUENCE OF:

(B) Dehydration

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). —

19A. DATE OF OPERATION —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED —

20A. AUTOPSY? (Yes or No) —

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) —

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) —

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from July 17 1970 to July 17 1970, that (I) (we) last saw the deceased alive on July 17, 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Kusuma K. Pruksapong M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 7/17/70

23C. PHYSICIAN'S NAME (Type): Dr. KUSUMA K. PRUKSAPONG M.D. DEGREE

23D. ADDRESS: Bon Secours Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-21-1970

24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970

25B. NAME OF REGISTRAR: Robert E. Farley, M.D.

25C. FUNERAL DIRECTOR: Howard H. Hubbard, 4107 Wilkens Ave. ADDRESS 21229

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

HBD 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. Y-520 70 7268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7268

1. NAME OF DECEASED (Type or Print): YOUNG, ADAM JOHN

2. DATE AND HOUR OF DEATH: JULY 18, 1970 | 2:50P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST. AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTIMORE 21228 5300
C. CITY OR TOWN: Catonsville D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 7 HOLMES AVENUE

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 06 07 16
9. AGE (In years last birthday): 54 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OFFICE MANAGER
10B. KIND OF BUSINESS OR INDUSTRY: Lawrence Beck Co.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: STANLEY W. Young
14. MOTHER'S MAIDEN NAME: HELEN ~~(DECEASED)~~ Pajounas
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES (If yes, give war or dates of service): WW2
16. SOCIAL SECURITY NO.: 212052296
17. INFORMANT: ST. AGNES HOSPITAL RECORDS-CATON ADDRESS: & WILKENS AVES. BALTO., MD. 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic Lung Cancer — 3 months
DUE TO, OR AS A CONSEQUENCE OF:
(B) Right lung cancer — 3 months
DUE TO, OR AS A CONSEQUENCE OF:
(C) Extensive abdominal organ involvement — 4 wks

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Marked Debilitation — 4 wks

19A. DATE OF OPERATION: April, 1970
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Right Lung cancer
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JUNE 21 1970 to JULY 18 1970 that (I) (we) last saw the deceased alive on JULY 18 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Perfecto C. Valarao
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) DEGREE: RMT
23D. ADDRESS: CATON & WILKENS AVES. BALTO., MD. 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-21-1970
24C. NAME of CEMETERY or CREMATORY: Monticello Memorial Park
24D. LOCATION (City, town, or county) (State): Charlotteville, Virginia

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970
25B. NAME OF REGISTRAR: E. Farber, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard
ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

57-03-79 JD 1

D-450 70 7269

BIRTH NO. Balto Co., Md.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7269

1. NAME OF DECEASED (Type or Print) Rachelle Lynn Dillon DILLON

2. DATE AND HOUR OF DEATH 7/17/70 6 00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: BALTIMORE CITY HOSPITALS

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 4940 Eastern Ave. Baltimore, Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore 5300

C. CITY OR TOWN: Dundalk

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 2736 Plainfield Road 005

5. SEX: Female

6. RACE: White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 6-12-70

9. AGE (In years last birthday): 5 Wks

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROBERT DILLON

14. MOTHER'S MAIDEN NAME: Linda Frentz

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: BCH Records: ADDRESS: 4940 Eastern Ave. Baltimore, Md. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIORESPIRATORY ARREST

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Same

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/12 1970 to 7/17 1970 that (I) (we) last saw the deceased alive on 7/17 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Peter Haughton, M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 7/17/70

23C. PHYSICIAN'S NAME (Type): PETER B.T. HAUGHTON M.D. DEGREE

23D. ADDRESS: 4940 Eastern Ave. Baltimore, Md. 21224 BALTIMORE CITY HOSPITALS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-20-70

24C. NAME of CEMETERY or CREMATORY: Druid Ridge

24D. LOCATION (City, town, or county) (State): Pikesville, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970

25B. NAME OF REGISTRAR: Robert E. Talbey, M.D.

25C. FUNERAL DIRECTOR: John J. Duda ADDRESS: 7922 Wise Ave. Dundalk, Md. 21222

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

SAB-57-21-80 1

M-620 70 7270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7270

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John K. Morris / John K. Morris

2. DATE AND HOUR OF DEATH: July 16, 1970 | 9:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospital 21224 / 4940 Eastern Avenue, Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 5300
C. CITY OR TOWN: Dundalk
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 103 Baltimore Avenue 21222

5. SEX: Male
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 11-28-1902
9. AGE (In years last birthday): 67
If Under 1 Yr.: Months | Days | If Under 24 Hrs.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill-Wright
10B. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co.
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Morris
14. MOTHER'S MAIDEN NAME: Elvania

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-07-1991A
17. INFORMANT: Records: BCH-4940 Eastern Avenue 21224 — ADDRESS

MEDICAL CERTIFICATION

18. 039.9 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: shock, probably septic — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): none

19A. DATE OF OPERATION: none
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? To be done YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from July 12 1970 to July 16 1970 that (I) (~~we~~) last saw the deceased alive on July 16 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Henry Herrera M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: July 16, 1970
23C. PHYSICIAN'S NAME (Type): Henry Herrera, M.D. DEGREE
23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Avenue, Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-20-70
24C. NAME of CEMETERY or CREMATORY: Gardens of Faith
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970 Robert E. Faber, M.D.
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR: John J. Duda 7922 Wise Ave. Dundalk, Md. — ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-246 70 7271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7271

BIRTH NO. 70-12521

1. NAME OF DECEASED (Type or Print): Kathleen Kozel KOZEL, BABY GIRL

2. DATE AND HOUR OF DEATH: 7-18-70 12 43 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 MERCY HOSPITAL Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 5300
C. CITY OR TOWN: Dundalk D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 7837 St. Boniface Lane

5. SEX: Female 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7-15-70 9. AGE (In years last birthday): If Under 1 Yr. Months Days 3 If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE, MD
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JOSEPH KOZEL
14. MOTHER'S MAIDEN NAME: MARY ANN HESSLER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: CHART ADDRESS: Mercy Hospital

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I 774.01 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Congestive Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 days
DUE TO, OR AS A CONSEQUENCE OF:
(B) Erythroblastosis Fetalis
DUE TO, OR AS A CONSEQUENCE OF:
(C) Rh. Incompatability

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 7-15/7-16/7-17/7-18
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Erythroblastosis Fetalis
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-15 1970 to 7-18 1970 that (I) (we) last saw the deceased alive on 7-18 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: S. Aziz M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7-18-70
23C. PHYSICIAN'S NAME (Type): S. AZIZ M.D. DEGREE
23D. ADDRESS: MERCY HOSPITAL, BALTIMORE MD 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/21/70
24C. NAME of CEMETERY or CREMATORY: Sacred Heart of Jesus
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 21 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: John J. Duda, ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-623

BIRTH NO. 70 7272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. [redacted] 70 7272

1. NAME OF DECEASED (Type or Print): Charikofsky, Nathan

2. DATE AND HOUR OF DEATH: 7-17-70 | 8 10 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: Sinai Hospital of Baltimore. 42

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: Balto 53-00

C. CITY OR TOWN: Randallstown

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 3916 Tiverton Rd

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7-1-22

9. AGE (In years last birthday): 48

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): POSTMAN

10B. KIND OF BUSINESS OR INDUSTRY: US GOV'T.

11. BIRTHPLACE (State or foreign country): BRONX, NEW YORK

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: MAX CHARIKOFSKY

14. MOTHER'S MAIDEN NAME: ANNA SHAPIRO

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES (If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.: 213-12-0655

17. INFORMANT: MRS. PEGGY CHARIKOFSKY, 3916 TIVERTON RD. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: carcinosarcoma (R) kidney — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 9 months

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 10-21-69

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6-24- 19 70 to 7-17 19 70 that (I) (we) last saw the deceased alive on 7-17 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Tsuneo Fukushima MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 7-17-70

23C. PHYSICIAN'S NAME (Typed): TSUNEO FUKUSHIMA, MD DEGREE

23D. ADDRESS: Sinai Hospital of Baltimore, Balt. Md

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 7-20-70

24C. NAME of CEMETERY or CREMATORY: BALTIMORE, NATIONAL

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. A-165 70 7273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7273

1. NAME OF DECEASED (Type or Print): Rose ~~Shannon~~ Abrams

2. DATE AND HOUR OF DEATH: 7/18/70 1:58 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: BALTIMORE 53-00
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 4504 old Court Rd #08

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 12-XX-XX-88 9. AGE (In years lost birthday): ~~XXXX~~ 70 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): RUSSIA 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JACOB SHANE

14. MOTHER'S MAIDEN NAME: SONIA ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NO

17. INFORMANT: MR. ISADORE ABRAMS, ADDRESS: VALLEY RD., STEVENSON, MD.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 398 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	bronchopneumonia	days
DUE TO, OR AS A CONSEQUENCE OF: (B)	chronic congestive heart failure	yrs.
DUE TO, OR AS A CONSEQUENCE OF: (C)	Rheumatic heart Disease	yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Cerebral vascular Accident	mos.

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) ☐ 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/9 1970 to 7/18 1970 that (I) (we) last saw the deceased alive on 7/18 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Alan Steinberg MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ — 23B. DATE SIGNED: 7/18/70

23C. PHYSICIAN'S NAME (Type): ALAN STEINBERG MD DEGREE 23D. ADDRESS: SINAI HOSP

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 24B. DATE: 7-19-70 24C. NAME of CEMETERY or CREMATORY: BETH TFILOH 24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970 25B. NAME OF REGISTRAR: Robert E. Farber, M.D. 25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-536 70 7274

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7274

1. NAME OF DECEASED (Type or Print): NATHAN SNYDER

2. DATE AND HOUR OF DEATH: 7/17/70 [redacted] 4.20 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL

42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 15/3

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 4141 Park Heights Ave

5. SEX: MALE

6. RACE: ~~NEGRO~~ WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH:

9. AGE (In years last birthday): 72

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PROPRIETOR

10B. KIND OF BUSINESS OR INDUSTRY: TRUCKING CO.

11. BIRTHPLACE (State or foreign country): RUSSIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: BENJAMIN SNYDER

14. MOTHER'S MAIDEN NAME: DENA ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MR. ELLIS SNYDER

ADDRESS: 2835 MARNAT RD., APT. B #9

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — 410.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: MYOCARDIAL INFARCTION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 9 hours

DUE TO, OR AS A CONSEQUENCE OF:

(B) Atherosclerosis

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/16/70 19 to 7/17/70 19 that (I) (we) last saw the deceased alive on 7/17/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Joaquim Puig Antich DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 7/17/70

23C. PHYSICIAN'S NAME (Type): JOAQUIM PUIG-ANTICH DEGREE

23D. ADDRESS: Sinai Hospital. Baltimore Md 21215

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 7-19-70

24C. NAME of CEMETERY or CREMATORY: HEBREW YOUNG MEN

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.

ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

A-436 [redacted] 70 7275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. [redacted] 70 7275

1. NAME OF DECEASED (Type or Print): ALTER, SADIE

2. DATE AND HOUR OF DEATH: July 17 1970 | 4 30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL OF BALTIMORE BELVEDERE AVE. AT GREENSPRING 42 BALTIMORE MARYLAND

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: BALTIMORE 2831

C. CITY OR TOWN: MARYLAND D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 6615 EBERLE DRIVE

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: XXXXXXXXX 9. AGE (In years last birthday): XXXX 73 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): AUSTRIA 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: X HERMAN LEDER

14. MOTHER'S MAIDEN NAME: XXXXXXXX IDA SHEBER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MR. EDWARD ALTER ADDRESS: 6615 EBERLE DRIVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory failure

DUE TO, OR AS A CONSEQUENCE OF:

(B) Lymphosarcoma

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

200.1

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 5/38 1970 to 7-17 1970 that (I) (we) last saw the deceased alive on 7-16 1970 and that in (my) (our) opinion death occurred at the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] 918 v DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: July 17, 1970

23C. PHYSICIAN'S NAME (Type): DR. JOSEPH MATCHAR III DEGREE

23D. ADDRESS: code 003

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL 24B. DATE: 7-19-70 24C. NAME of CEMETERY or CREMATORY: HEBREW YOUNG MEN 24D. LOCATION (City, town, or county) (State): XXXXXXXXXXXX BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT. JUL 22 1970 25B. NAME OF REGISTRAR: Robert E. Talley, M.D. 25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-200 70 7276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7276

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Jacqueline Hartman Hess

2. DATE AND HOUR OF DEATH: July 16, 1970 | 10:30 p. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): USPHS Hospital, 3100 Wyman Park Drive

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Balto. 5300
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 11 Slade Avenue, Apt. 112

5. SEX: Female
6. RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8-16-08
9. AGE (In years last birthday): 61 | If Under 1 Yr. Months: Days | If Under 24 Hrs. Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): Illinois, CHICAGO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emanuel S. Hartman
14. MOTHER'S MAIDEN NAME: Mable Snellenburg

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 800-01-8177
17. INFORMANT: MR. GEORGE HESS, SR. ADDRESS: 11 SLADE AVE. APT. 112 #8

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

562.1 + 562.1

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Sepsis — Hours
DUE TO, OR AS A CONSEQUENCE OF:
(B) Diverticulitis — Days
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Metastatic lung carcinoma to brain — One Year

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from July 9 1970 to July 16 1970 that I (we) last saw the deceased alive on July 16 1970 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (did not) view the body after death.

23A. SIGNATURE: Samuel P. Ward M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: July 17, 1970
23C. PHYSICIAN'S NAME (Type): SAMUEL P. WARD, Surg (R) DEGREE
23D. ADDRESS: USPHS Hospital, Baltimore, Maryland 21211

24A. BURIAL CREMATION, REMOVAL (Specify): CREMATION
24B. DATE: 7-19-70
24C. NAME of CEMETERY or CREMATORY: LOUDEN PARK
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970
25B. NAME OF REGISTRAR: Robert E. Foley, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B-635 70 7277 REG. NO. 70 7277

1. NAME OF DECEASED (Type or Print): Rose Burtnick

2. DATE AND HOUR OF DEATH: 7/17/70 11 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4114 KENSHAW AVENUE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2831
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 4114 KENSHAW AVENUE

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: JUNE 15, 1888
9. AGE (In years last birthday): 82
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): EUROPE
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: BENJAMIN BAER
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JUDGE AARON BAER, ADDRESS: 3305 OLYMPIA AVENUE, #15

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebrovascular Acc — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/15 1970 to 7/17 1970, that (I) (we) last saw the deceased alive on 7/16/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Edward S. Kallins MD DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7/17/70
23C. PHYSICIAN'S NAME (Type): EDWARD S. KALLINS DEGREE
23D. ADDRESS: 6000 PARK HEIGHTS AVENUE

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-19-70
24C. NAME of CEMETERY or CREMATORY: HEBREW YOUNG MEN
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970
25B. NAME OF REGISTRAR: Robert E. Lerbes M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. W-435 70 7278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. [redacted] 70 7278

1. NAME OF DECEASED (Type or Print): THOMAS RUSSELL WALTON

2. DATE AND HOUR OF DEATH: JULY 20 1970 6:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: SOUTH BALTIMORE GENERAL HOSPITAL

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: AACO

C. CITY OR TOWN: SEVERN D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: Rt #3 Box 169B THOMPSON AVE

5. SEX: MALE 6. RACE: WHITE 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

8. DATE OF BIRTH: 6-24-13 9. AGE (In years last birthday): 57 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): IRON WORKER (WELDER) 10B. KIND OF BUSINESS OR INDUSTRY: LOCAL #16

11. BIRTHPLACE (State or foreign country): VIRGINIA 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: THOMAS WALTON

14. MOTHER'S MAIDEN NAME: NOLLIE? OLIVER

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) ~~YES~~ (If yes, give war or dates of service) ~~NAVY WWII~~

16. SOCIAL SECURITY NO.: 227-09-1315

17. INFORMANT: BETTY BROWN (DAUGHTER) ADDRESS: 4124 AUDREY AVE 21225 BALTIMORE, MD

MEDICAL CERTIFICATION

162.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE ~~Toxic~~ Cardiac arrest.

DUE TO, OR AS A CONSEQUENCE OF:

(B) CA Lung.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JUNE 6, 1970 to JULY 20 1970 that (I) (we) last saw the deceased alive on JULY 20 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ayechgez M.D DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: JULY 20, 1970.

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL 24B. DATE: 7-23-70 24C. NAME of CEMETERY or CREMATORY: SALEM UNITED METH. CH. CEM. 24D. LOCATION (City, town, or county) (State): GLOUCESTER CO VA.

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970 25B. NAME OF REGISTRAR: Robert E. Tolley, M.D. 25C. FUNERAL DIRECTOR: SINGLETON FUNERAL HOME, GLEN BURNIE ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital, and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. S-300 70 7279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 7279

1. NAME OF DECEASED (Type or Print): Veronica Virginia Scott

2. DATE AND HOUR OF DEATH: July 20, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 31 Baltimore City Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore 53-00

C. CITY OR TOWN: Edgemere D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 2205 Lodge Forest Drive

5. SEX: Female 6. RACE: White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Jan. 20, 1912 9. AGE (In years last birthday): 58 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Potok

14. MOTHER'S MAIDEN NAME: Veronica Kropick

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 183-09-6197

17. INFORMANT: (Husband) ADDRESS: 2205 Lodge Forest Drive Mr. John E. Scott, Baltimore, Md. 21219

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE: Carcinoma Tosis (Spine, Liver, Lung, Abdomen, Skin	1 year
(B) DUE TO, OR AS A CONSEQUENCE OF: Carcinoma of Left Breast	2 years
(C) DUE TO, OR AS A CONSEQUENCE OF:	

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 1968

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Cancer, Left Breast

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner): No

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from October 19 69 to May 23 19 70 that (I) (~~we~~) last saw the deceased alive on May 23 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Allan C. Woods Jr. M.D. DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 7/21/70

23C. PHYSICIAN'S NAME (Type): Allan C. Woods, Jr. M. D. DEGREE

23D. ADDRESS: 222 Longwood Road, Baltimore, Md. 21210

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/24/70

24C. NAME of CEMETERY or CREMATORY: Gardens of Faith Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970

25B. NAME OF REGISTRAR: Robert E. Lasbey, M.D.

25C. FUNERAL DIRECTOR: John J. Duda, ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

Y-616 70 7280

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 726 70 7280

1. NAME OF DECEASED (Type or Print): YARBOROUGH, ADDIE

2. DATE AND HOUR OF DEATH: 21 July 1970 6:30 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: HARBOR VIEW NURSING HOME

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: ~~NORTH CAROLINA~~ B. COUNTY: NORTH CAROLINA ~~BALTIMORE~~ V-30

C. CITY OR TOWN:

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 404 JUMPERS HOLE ROAD 21146

5. SEX: F

6. RACE: N

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 3-18-86

9. AGE (In years last birthday): 88

If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM WORK

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): NORTH CAROLINA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wesley BUNN

14. MOTHER'S MAIDEN NAME: MARY BOLLEN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-58-2155

17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

412.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) C.V.A. — IMMEDIATE CAUSE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: several weeks

DUE TO, OR AS A CONSEQUENCE OF:

(B) A.S.C.V.D. — several yrs

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6-6 1920 to 7-21 1920 that (I) (we) last saw the deceased alive on 7-20 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E. Ellsworth Cook M.D. DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 7-21-70

23C. PHYSICIAN'S NAME (Type): E. Ellsworth Cook M.D. DEGREE

23D. ADDRESS: 2431 Maryland Ave Balto. Md 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/25/70

24C. NAME of CEMETERY or CREMATORY: Zetulen, ~~N.C.~~

24D. LOCATION (City, town, or county) (State): Zetulen N.C

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970

25B. NAME OF REGISTRAR: Robert E. Jones, M.D.

25C. FUNERAL DIRECTOR: Williams Funeral Home

ADDRESS: 319 N. Schroeder St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

B-420 70 7281

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7281

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): BLAKE CARRIE

2. DATE AND HOUR OF DEATH: 4/20/70 1-30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital of Maryland 4 6

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 1606
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 730, Ashburton Street.

5. SEX: Female
6. RACE: N.
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 12-25-04
9. AGE (In years lost birthday): 67 yrs.
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): [redacted]aryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Blake
14. MOTHER'S MAIDEN NAME: Maggie
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Bosley C Blake
ADDRESS: 1235 Argyle Av.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebrovascular accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 14 hrs.

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/19/70 19 to 7/20 19 70 that (I) (we) last saw the deceased alive on 7/20 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 4/20/70
23C. PHYSICIAN'S NAME (Type): PRAGNA DESAI M.D. DEGREE
23D. ADDRESS: Lutheran Hospital of Maryland 730, Ashburton Street.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/24/70
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cemetry
24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Adolphus Halstead
ADDRESS: 1206 W north Ave

VS 150-REV. 1/1/68

1

G-630 70 7282

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7282

BIRTH NO.

1. NAME OF DECEASED (Type or Print): OTELIA GARRETT

2. DATE OF DEATH: Known [X] Estimated [ ] Month Day Year: July 15, 1970 Hour: M.

3. DATE PRONOUNCED DEAD: Month Day Year: July 15, 1970 Hour: 2:40 PM

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 128 Allendale Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2037

6. SEX: Female

7. RACE: Negro

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: 8/12/1918

10. AGE (In years last birthday): 51

If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 128 Allendale Street

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Butts

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

14B. KIND OF BUSINESS OR INDUSTRY: Home

15. MOTHER'S MAIDEN NAME: Florence Harris 70 7282

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

17. SOCIAL SECURITY NO.: 213-16-5888

18. INFORMANT: Rufus W. Garrett ADDRESS: 128 Allendale St.

MEDICAL CERTIFICATION

19. 412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 00

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

22F. HOW DID INJURY OCCUR?

23.
I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: July 16, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/20/1970

24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park

24D. LOCATION (City, town, or county) (State): Baltimore County Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME ADDRESS: 3035 W. NORTH AV

VS 151-REV. 7/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. W-300 70 7283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7283

1. NAME OF DECEASED (Type or Print): ROOSEVELT WHITE

2. DATE AND HOUR OF DEATH: July 2, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 JOHN HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 908
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1901 Sapp Street

5. SEX: Male
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12/10/1809
9. AGE (In years last birthday): 60
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-09-1431
17. INFORMANT: Dorethia Stamper
ADDRESS: 1714 N. Monroe Stree

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
410.9	(A) IMMEDIATE CAUSE: Hemorrhagic cerebrovascular accident	instant
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) ASCVD	years
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C) Myocardial disease	years
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Arthritis back.	years

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 4-20 1964 to 7-2 1970, that (I) (we) last saw the deceased alive on 7-2 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: H. Nakazawa DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7-10-70
23C. PHYSICIAN'S NAME (Type): H. NAKAZAWA DEGREE
23D. ADDRESS: 521 W. Lexington St. Balto 21201

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/11/70
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: Nutter Funeral Home
ADDRESS: 3035 W. North av

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-452 70 7284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7284

1. NAME OF DECEASED (Type or Print): Geneva Billings

2. DATE AND HOUR OF DEATH: 7/18/1970 5:35 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1403
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1914 McCulloh Street

5. SEX: Female
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: 4/17/1906
9. AGE (In years last birthday): 64
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY: Pvt. Family
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert Wallace
14. MOTHER'S MAIDEN NAME: Jessie Billings

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-24-5489
17. INFORMANT: Mr. James McKenney
ADDRESS: 4813 Midwood Avenue

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 2509 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE Diabetic Coma	12 yr
DUE TO, OR AS A CONSEQUENCE OF:	
(B) Hypertensive Cardiovascular Disease	8 mos
DUE TO, OR AS A CONSEQUENCE OF:	
(C)	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12-18-69 19 to 7-18-70 19, that (I) (we) last saw the deceased alive on 7-18-70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] M.D. DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/21/70
23C. PHYSICIAN'S NAME (Type): G. Franklin Phillips M.D. DEGREE
23D. ADDRESS: 558 McNeal St Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/23/1970
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore County Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME
ADDRESS: 3035 W. NORTH AVE

VS 150-REV. 1/1/68

M-621 1

BIRTH NO. M-216 70 7285

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 70 7285

1. NAME OF DECEASED (Type or Print) Theresa Mashburn

2. DATE AND HOUR OF DEATH 7-17-70 - 8 AM M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Md. General Hospital

48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Baltimore B. ~~COUNTY~~ Maryland 1401

C. CITY OR TOWN (If outside city limits, write RURAL and give township) 21207

D. STREET ADDRESS (If rural, give location) 1830 Bolton St

5. SEX F

6. RACE N

7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify) Divorced

8. DATE OF BIRTH 11-2-11

9. AGE (In years last birthday) 58

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crossing Guard

10B. KIND OF BUSINESS OR INDUSTRY Police Department

11. BIRTHPLACE (State or foreign country) North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Marshburn

14. MOTHER'S MAIDEN NAME Violet Moore

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-22-7684

17. INFORMANT Mrs. Deloris Hemmingway ADDRESS 1714 N. Payson

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

412.4

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro Vascular Accident

DUE TO ~~Hypertensive C.V.D~~

(B) Hypertensive CVD

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED —

20A. AUTOPSY? (Yes or No) ✓

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-11 1970 to 7-17 1970, that (I) (we) last saw the deceased alive on 7-16 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Whitney Houghton M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED 7-17-70

23C. PHYSICIAN'S NAME (Type) WHITNEY HOUGHTON M.D.

23D. ADDRESS MD. GENERAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify) Burial

24B. DATE 7/20/1970

24C. NAME of CEMETERY or CREMATORY Arbutus Memorial Park

24D. LOCATION (City, town, or county) (State) Baltimore County Maryland

25A. DATE REC'D BY HEALTH DEPT. JUL 22 1970

25B. NAME OF REGISTRAR Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR NUTTER FUNERAL HOME ADDRESS 3035 W. NORTH AV

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-426 MJ 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7286 REG. NO. 70 7286

1. NAME OF DECEASED (Type or Print): WILKERSON, RICHARD H

2. DATE AND HOUR OF DEATH: JULY 21, 1970 3:30P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL

40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTIMORE 53-00
C. CITY OR TOWN: CATONSVILLE D. INSIDE CITY LIMITS? YES ☐ NO XX
E. STREET AND NUMBER: 1002 WOODSDALE RD 21228

5. SEX: MALE 6. RACE: WHITE 7. MARRIED XX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 04/02/09 9. AGE (In years last birthday): 61 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): POLICEMAN
10B. KIND OF BUSINESS OR INDUSTRY: RAILROAD
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): n. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 234-03-4486
17. INFORMANT: ST. AGNES HOSPITAL RECORDS ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Extensive Ant. sept. MI. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF: Cardiopulm. arrest. Resuscitated.
(B) Pneumonia
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JULY 13 19 70 to JULY 21 19 70 that (I) (we) last saw the deceased alive on JULY 21 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ching-Hui Tsai, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. X
23B. DATE SIGNED: 7/21/70
23C. PHYSICIAN'S NAME (Type): Ching-Hui Tsai, M.D. DEGREE
23D. ADDRESS: BALTO, MD 21229 ST. AGNES HOSPITAL: CATON & WILKENS AVES

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/24/70
24C. NAME of CEMETERY or CREMATORY: Odd Fellow Cemetery
24D. LOCATION (City, town, or county) (State): Parkersburg, W. Va.

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Witzke, 1630 Edmondson Ave., 21228 ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-152 70-12607 70 7287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7287

1. NAME OF DECEASED (Type or Print): BABY GIRL SEBENEICHER

2. DATE AND HOUR OF DEATH: 7-16-70 | 9:18 p.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 2735
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 3416 E. Northern Pkwy.

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7-16-70
9. AGE (In years last birthday): If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 4 Min.: 18

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILSON SEBENEICHER
14. MOTHER'S MAIDEN NAME: DONNA MARSHALL

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: Father
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory Distress Syndrome — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): yes.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 16 1970 to July 16 1970 that (I) (we) last saw the deceased alive on July 16 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rodolfo P. Velasco M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7-16-70
23C. PHYSICIAN'S NAME (Type): RODOLFO P. VELASCO M.D. DEGREE
23D. ADDRESS: SINAI HOSP.

24A. BURIAL CREMATION REMOVAL (Specify): Burial
24B. DATE: 7/20/70
24C. NAME of CEMETERY or CREMATORY: Moreland
24D. LOCATION (City, town, or county) (State): Balto Co

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Oh Ellmann
ADDRESS: 6067 Hay Rd

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. L-520 70 7288

REG. NO. 70 7288

1. NAME OF DECEASED (Type or Print): Henry William Lang

2. DATE AND HOUR OF DEATH: July 19, 1970 7:55P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1026 S. Highland Ave.

00

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE: Md.

B. COUNTY: 2611

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1026 S. Highland Ave.

5. SEX: M

6. RACE: W

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 7-27-1899

9. AGE (In years last birthday): 70

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto. Mechnic

10B. KIND OF BUSINESS OR INDUSTRY: BAlto. City

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christian

14. MOTHER'S MAIDEN NAME: Christine Weigel

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-20-2035

17. INFORMANT: Mary Lang ADDRESS: 1026 S. Highland Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic Cardio-vascular Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Feb. 22 19 69 to July 19 19 70, that (I) (we) last saw the deceased alive on July 11 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Clarence W. LeDoux DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 7/20/70

23C. PHYSICIAN'S NAME (Type): Clarence W. LeDoux, M.D. DEGREE

23D. ADDRESS: 3023 Eastern Ave. Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-23-70

24C. NAME of CEMETERY or CREMATORY: Oak Lawn

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970

25B. NAME OF REGISTRAR: Robert E. Farley, M.D.

25C. FUNERAL DIRECTOR: Helmar A. Hoffmann ADDRESS: 3218 Hudson St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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30-86-85
dis

W-362 70 7289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7289

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Marie S. Whitehurst

2. DATE AND HOUR OF DEATH: 7/19/70 6:00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospital
4940 Eastern Avenue
Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore 2609
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 801 S. Fagley St. 21224

5. SEX: Female
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2-25-08
9. AGE (In years last birthday): 62
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peters
14. MOTHER'S MAIDEN NAME: Dora Peters

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212-09-4319B
17. INFORMANT: Mrs. 4940 Eastern Avenue
ADDRESS: BCH: Records Baltimore, Maryland 21224

CAUSE OF DEATH

1B. 427.21

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 mins

DUE TO, OR AS A CONSEQUENCE OF:

(B) GI bleed &/or Bronchial Pneumonia — 8 hrs

DUE TO, OR AS A CONSEQUENCE OF:

(C) ~~Dual~~

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Heidenkan's varicosis of Saccul Greenfield — 13 yrs

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: NONE
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NONE
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 4/30/70 19 70 to 7/19/70 19 70 that (I) (we) last saw the deceased alive on 7/19/70 19 70 4:45 pm and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Michael W. Pozen, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7/19/70
23C. PHYSICIAN'S NAME (Type): Michael W. POZEN DEGREE
23D. ADDRESS: Baltimore City Hospital 4940 Eastern Avenue Baltimore, Maryland 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-21-70
24C. NAME of CEMETERY or CREMATORY: Oak Lawn
24D. LOCATION (City, town, or county) (State): Balto. Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Thelma A. Hoffmann
ADDRESS: 3218 Hudson St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. P-626 70 7290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7290

1. NAME OF DECEASED (Type or Print): CARIE PARKER

2. DATE AND HOUR OF DEATH: 7/15/70 | 8:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): WINDSOR REST HOME

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Worchester 73-00
C. CITY OR TOWN: SNOWHILL
D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: 200 S. COLLINS ST

5. SEX: F
6. RACE: NEGRO
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 9/6/86
9. AGE (In years last birthday): 84
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Caston
14. MOTHER'S MAIDEN NAME: Cordelia Brittingham
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): —
If yes, give war or dates of service: —
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CORONARY THROMBOSIS
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/9/69 19 to 7/15/70 19 that (I) (we) last saw the deceased alive on 7/15/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE: M.D.
Attending Phys. ☐ Med. Director ☑ Staff Phys. ☐
23B. DATE SIGNED: 7/15/70
23C. PHYSICIAN'S NAME (Type): HOLLIS SEUNDRINE DEGREE:
23D. ADDRESS: 1801 Green Berry Rd Bmt 21209

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-20-70
24C. NAME of CEMETERY or CREMATORY: Ebenezer United
24D. LOCATION (City, town, or county) (State): Snow Hill - Worc. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Colley Mem. Chapel - Salis. Md.
ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. M-220 70 7291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. [redacted] 70 7291

1. NAME OF DECEASED (Type or Print): STEPHEN MYSZKIEWICZ

2. DATE AND HOUR OF DEATH: 7-16-70 1:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SOUTH BALTIMORE GEN. HOSPITAL 43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2544
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 614 JEFFREY ST. BALTO. MD.

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☑
8. DATE OF BIRTH: 12-1-1893
9. AGE (In years last birthday): 76
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ENGINEER
10B. KIND OF BUSINESS OR INDUSTRY: RAILROAD
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN MYSZKIEWICZ
14. MOTHER'S MAIDEN NAME: ROSALIE TYMA

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 717-07-6006
17. INFORMANT: MRS. AGNES GASIOROWSKI ADDRESS: 614 JEFFREY ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: PULMONARY EMBOLISM
DUE TO, OR AS A CONSEQUENCE OF:
(B) CARDIAC ARRYTHAMIA
DUE TO, OR AS A CONSEQUENCE OF:
(C) ~~ARTERIOSCLEROSIS~~
HYPO THYROIDISM
OBESITY
~~HYPERTENSION~~ ISCHEMIA

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6-25 19 70 to 7-16 19 70 that (I) (we) last saw the deceased alive on 7-16 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gardiner A. Arrigis DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7-16-70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7/20/1970
24C. NAME of CEMETERY or CREMATORY: ST. STANISLAUS CEMETERY
24D. LOCATION (City, town, or county) (State): BALTIMORE MD.

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: RAYMOND R. KACZOROWSKI ADDRESS: 2525 FLEET ST.

VS 150-REV. 1/1/68

40-37-55 db 1

D-541 70 7292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 7292

BIRTH NO.

1. NAME OF DECEASED (Type or Print): DUNLEAVY, ELLEN T.

2. DATE AND HOUR OF DEATH: July 19th 1970 2:03 pm. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITALS 4940 Eastern Ave. Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTIMORE 53.00
C. CITY OR TOWN:
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 8006 BANK STREET 21224 005

5. SEX: Female
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH: 8-31-95
9. AGE (In years last birthday): 74
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Maker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: MARTIN Connolly
14. MOTHER'S MAIDEN NAME: CATHERINE Mongan

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: –
17. INFORMANT: 4940 Eastern Avenue BCH-Records Baltimore, Maryland 21224 ADDRESS

MEDICAL CERTIFICATION

18. 151.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: CARDIAC ARREST — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 min.

DUE TO, OR AS A CONSEQUENCE OF:

(B) UPPER GASTROINTESTINAL BLEEDING 2 days

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). GASTRIC ULCER, PROBABLY MALIGNANT MONTHS

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 18th 19 70 to July 19th 19 70 that (I) (we) last saw the deceased alive on July 19th 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: James K. H. Yeung DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: July 19th 1970.
23C. PHYSICIAN'S NAME (Type): JAMES K. H. YEUNG DEGREE
23D. ADDRESS: MEDICAL DEPARTMENT, BALTIMORE CITY HOSPITALS, 4940 Eastern Ave. BALTIMORE, Maryland 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-24-70
24C. NAME of CEMETERY or CREMATORY: Saint Joseph's Cemetery
24D. LOCATION (City, town, or county) (State): Minooka, Pennsylvania

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: John C. Miller Jr. ADDRESS: 6415 Belair Rd.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-460 70 7293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7293

1. NAME OF DECEASED (Type or Print): WILLIAM M. MILLER

2. DATE AND HOUR OF DEATH: July 19, 1970 — 6 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hospital
43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: 2505
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3920 Pennington Ave. 6

5. SEX: M
6. RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Nov 3, 1896.
9. AGE (In years last birthday): 73
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: B & O
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George
14. MOTHER'S MAIDEN NAME: Oddie Terrell
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 212-12-3533A
17. INFORMANT: Hazel (wife) — ADDRESS: As above.

MEDICAL CERTIFICATION

18. 162.1

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Hepatic failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Metastasis ~~Ca~~ from Ca Lung
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 15, ~~1970~~ 19 70 to July 19 19 70 that (I) (we) last saw the deceased alive on July 19 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: July 19, 1970
23C. PHYSICIAN'S NAME (Type): DR. PATTERSON DEGREE
23D. ADDRESS: South Baltimore General Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-22-70
24C. NAME of CEMETERY or CREMATORY: Balto. National Cemetery
24D. LOCATION (City, town, or county) (State): Balto. 21229, Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: John H. Hahn F.H. — ADDRESS: #200 Pennington Ave

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 8-530 70 7294

REG. NO. [redacted] 70 7294

1. NAME OF DECEASED (Type or Print): SMITH, WILLIAM E.

2. DATE AND HOUR OF DEATH: 7/19/70 12 55 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Harbor View NEC 1213 Light St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND. B. COUNTY: 5200

C. CITY OR TOWN: BALTO

D. INSIDE CITY LIMITS? YES [✓] NO [ ]

E. STREET AND NUMBER: 130 Bon Air Road 21225

5. SEX: M

6. RACE: W

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [✓]

8. DATE OF BIRTH: 8/31/1900

9. AGE (In years last birthday): 69

If Under 1 Yr. Months Days Hours Min. / If Under 24 Hrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal Worker

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: George Smith

14. MOTHER'S MAIDEN NAME: Maude Hobeck

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-07-0329

17. INFORMANT: Family

ADDRESS:

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. I — 412.2

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Chronic Obstructive Pulmonary Disease — Years

DUE TO, OR AS A CONSEQUENCE OF:

(B) with Arteriosclerotic Cardiovascular Disease and — Years

DUE TO, OR AS A CONSEQUENCE OF:

(C) Congestive Heart Failure — Years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

Vision Disorder, CVA — 2 Years

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 14, 1970 to July 19, 1970, that ~~(I)~~ (we) last saw the deceased alive on July 19, 1970 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Peter H Rheinstein, MD — DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]

23B. DATE SIGNED: July 20, 1970

23C. PHYSICIAN'S NAME (Type): PETER H. RHEINSTEIN, MD — DEGREE

23D. ADDRESS: 1111 PARK AVENUE, BALTIMORE, MD

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-22-70

24C. NAME of CEMETERY or CREMATORY: Cedar Hill Cem

24D. LOCATION (City, town, or county) (State): Balto 21225 Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970

25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D.

25C. FUNERAL DIRECTOR: John H. Hahn, 4200 Pennington Ave

ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-245 70 7295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7295

1. NAME OF DECEASED (Type or Print): Musselman, Harold

2. DATE AND HOUR OF DEATH: 7/21/70 3:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 21228 Baltimore 5300
C. CITY OR TOWN: Catonsville D. INSIDE CITY LIMITS? YES ☐ NO ☒ 21228
E. STREET AND NUMBER: 439 Chalfonte Drive

5. SEX: Male
6. RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9/25/08
9. AGE (In years last birthday): 61
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor
10B. KIND OF BUSINESS OR INDUSTRY: Carr-Lowery Glass
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Albert O. Musselman
14. MOTHER'S MAIDEN NAME: Minnie G Hottel ~~Heckel~~
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-10-6106
17. INFORMANT: Mrs. ~~XXXX~~ Verna B. Musselman, 439 Chalfonte Dr ICU Nurse Bon Secours-

MEDICAL CERTIFICATION

18. 162.1

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Bronchospasm
DUE TO, OR AS A CONSEQUENCE OF:
(B) Pneumonectomy because of Pulm. Ca
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: May 7, 70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Pulm. Tumour
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.): —
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from July 18, 1970 to July 21, 1970 that (I) (we) last saw the deceased alive on July 21, 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Kusuma K. Pruksapong M.D. DEGREE
Attending Phys. ☐ Med. Director ☑ Staff Phys. ☐
23B. DATE SIGNED: 7/21/70
23C. PHYSICIAN'S NAME (Type): Dr. KUSUMA K. PRUKSAPONG M.D. DEGREE
23D. ADDRESS: Bon Secours Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-24-1970
24C. NAME of CEMETERY or CREMATORY: Meadowridge Cemetery
24D. LOCATION (City, town, or county) (State): Washington Blvd. Howard Co., Md.
25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970
25B. NAME OF REGISTRAR: Robert E. Yates
25C. FUNERAL DIRECTOR: Howard H. Hubbard, ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-140 70 7296

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7296

1. NAME OF DECEASED (Type or Print): MICHAEL C. SHIPLEY

2. DATE AND HOUR OF DEATH: July 20, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2572 Wilkens Avenue Baltimore, Maryland 21223

00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 2005

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2686 St. Benedict's Street

5. SEX: Male

6. RACE: White

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: March 28, 1902

9. AGE (In years last birthday): 68

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Shipley

14. MOTHER'S MAIDEN NAME: Margaret A. Henly

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 714-03-4574

17. INFORMANT: Mrs. Margaret Clopein, 2572 Wilkens Ave. 21223

ADDRESS:

MEDICAL CERTIFICATION

18. 162.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Carcinoma of Lung — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD — ?

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from March 4 1969 to July 20 1970 that (I) (we) last saw the deceased alive on July 14 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Earl Pass MD DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 7/20/70

23C. PHYSICIAN'S NAME (Type): Earl I. Pass DEGREE

23D. ADDRESS: 4001 Wilkens Avenue, Baltimore, Md. 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-23-1970

24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970

25B. NAME OF REGISTRAR: Isabel E. Lindsay, M.D.

25C. FUNERAL DIRECTOR: Howard H. Hubbard

ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-400 70 7297 REG. NO. 70 7297

1. NAME OF DECEASED (Type or Print): FERDINAND A. MUHL

2. DATE AND HOUR OF DEATH: July 20, 1970 | 1:15 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SOUTH BALTIMORE GENERAL HOSP 3001 S. HANOVER ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: Baltimore 5300
C. CITY OR TOWN: LANSDOWNE D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: 910 CATAWBA CT.

5. SEX: MALE 6. RACE: CAUC. 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: July 5, 1897 9. AGE (In years last birthday): 73 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): METAL WORKER
10B. KIND OF BUSINESS OR INDUSTRY: FOUNDRY
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CHARLES MUHL
14. MOTHER'S MAIDEN NAME: MARY BRATCH

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): ? (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214035457A
17. INFORMANT: HOSPITAL CHART ADDRESS: SBGH

MEDICAL CERTIFICATION

1B. 162.1

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: CARCINOMA of LUNG — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: YEARS

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): URINARY OBSTRUCTION — MONTHS

19A. DATE OF OPERATION: NONE
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 28, 1970 to July 20, 1970, that (I) (we) last saw the deceased alive on July 20, 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gary A. Belaga, M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 20 July 1970
23C. PHYSICIAN'S NAME (Type): GARY A. BELAGA, M.D. DEGREE
23D. ADDRESS: 3001 S. HANOVER ST

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-23-1970
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Wilkens Ave. Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970
25B. NAME OF REGISTRAR: Robert E. Jeffery M.D.
25C. FUNERAL DIRECTOR: Hubbard Funeral Home Inc. ADDRESS: 4107 Wilkens Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-520

BIRTH NO. 70 7298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7298

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): John Harvey Haines

2. DATE AND HOUR OF DEATH: July 17, 1970 8:55 a. m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): USPHS Hospital, 3100 Wyman Park Drive.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Carroll 5600
C. CITY OR TOWN: Mt. Airy D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Route 4, Buffalo Road

5. SEX: Male
6. RACE: Caucasian
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Apr 14, 1913
9. AGE (In years last birthday): 57
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lab Technician
10B. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? u.S.A.
13. FATHER'S NAME: William Oliver Haines
14. MOTHER'S MAIDEN NAME: Anna Selby
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-07-8889
17. INFORMANT: Records, ADDRESS: USPHS Hospital, Baltimore, Md. 21211

MEDICAL CERTIFICATION

18. 199.0

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Shock — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6d.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Gram Positive Sepsis — 6d.

DUE TO, OR AS A CONSEQUENCE OF:

(C) Undifferentiated Metastatic Carcinoma

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from May 6, 19 70 to July 17 19 70 that ~~(I)~~ (we) last saw the deceased alive on July 17 19 70 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Robert S. Benjamin, MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: July 17 1970
23C. PHYSICIAN'S NAME (Type): ROBERT S. BENJAMIN, SURG (R) DEGREE
23D. ADDRESS: USPHS Hospital, Baltimore, Md. 21211

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 20, 1970
24C. NAME of CEMETERY or CREMATORY: Pine Grove
24D. LOCATION (City, town, or county) (State): Mt. Airy, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970
25B. NAME OF REGISTRAR: Robert E. Talbey, M.D.
25C. FUNERAL DIRECTOR: Olin L. Molesworth, Damascus, Md. ADDRESS

VS 150-REV. 1/1/68

H-620 70 7299

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7299

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Antoinnette Vera Harris

2. DATE AND HOUR OF DEATH: July 17, 1970 1:30 p. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): USPHS Hospital, 3100 Wyman Park Dr.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2544
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3603 St. Victor Street

5. SEX: Female
6. RACE: Cau
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12-19-07
9. AGE (In years last birthday): 62 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: - --
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Leo Kovalick
14. MOTHER'S MAIDEN NAME: Stephanie Haskon
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Records, USPHS Hospital, Baltimore, Md 21211 — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

531.0 & 199.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: gastrointestinal bleeding — hours

DUE TO, OR AS A CONSEQUENCE OF:

(B) gastric ulcer — days

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): metastatic carcinomatosis, 1° site unknown — months

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from June 17, 1970 19 ___ to July 17 19 70 that ~~(I)~~ (we) last saw the deceased alive on July 17 19 70 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Samuel P. Ward, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: July , 1970
23C. PHYSICIAN'S NAME (Type): SAMUEL P. WARD, Surgeon (R) DEGREE
23D. ADDRESS: USPHS Hospital, Baltimore, Md 21211

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/22/70
24C. NAME of CEMETERY or CREMATORY: Balto. Nat'l. Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970
25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D.
25C. FUNERAL DIRECTOR: McCully Funeral Home 237 Patapsco Ave. — ADDRESS

VS 150-REV. 1/1/68

BIRTH NO. M-252 70 7300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7300

1. NAME OF DECEASED (Type or Print): MAC KENZIE ANNA

2. DATE AND HOUR OF DEATH: 7/20/70 4:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 13 South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2544
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 616 West Lexington St.

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 7-5-87
9. AGE (In years last birthday): 83. If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Canada.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Murdock Beaton
14. MOTHER'S MAIDEN NAME: Christina ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Family Name ADDRESS

MEDICAL CERTIFICATION

18. 250.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: ACUTE MYOCARDIAL INFRACTION
DUE TO, OR AS A CONSEQUENCE OF:
(B) DIABETES MELLITUS
DUE TO, OR AS A CONSEQUENCE OF:
(C) KIDNEY STONE (R) and URINARY INFECTION

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
ATRIAL FIBRILLATION

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/6/1970 to 7/20/1970 that (I) (we) last saw the deceased alive on 7/19/1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type): ESPINOZA. DEGREE
23D. ADDRESS: 3001 S. Hanover St.

24A. BURIAL, CREMATION, REMOVAL (Specify): B.
24B. DATE: 7-23-70
24C. NAME of CEMETERY or CREMATORY: Cedar Hill
24D. LOCATION (City, town, or county) (State): Baltimore

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: H. Cooley ADDRESS: 237 Patap. Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

57-24-73 csk

H-625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 70 7301

BIRTH NO. 70 7301

1. NAME OF DECEASED (Type or Print): HARRISON, SARAH A.

2. DATE AND HOUR OF DEATH: 7-19-1970 | 3 P M.

3. PLACE IN BALTIMORE, MARYLAND WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 31 Baltimore City Hospitals, 4940 Eastern Ave., Baltimore, Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore 5300

C. CITY OR TOWN: DUNDALK D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 3466 Yorkway 21222 005

5. SEX: Female

6. RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 11-2-21

9. AGE (In years last birthday): 48

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WAITRESS

10B. KIND OF BUSINESS OR INDUSTRY: RESTURANT

11. BIRTHPLACE (State or foreign country): ~~Virginia~~ N. CAROLINA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Davis George

14. MOTHER'S MAIDEN NAME: Lillian

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO. 263-40-3422

17. INFORMANT: BCH Records: Baltimore, Md 21224 ADDRESS: 4940 Eastern Ave.

CAUSE OF DEATH

18. 1621

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of lung

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

None.

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): NO POST

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/16 1970 to 3:00 pm (7/19 1970) that (I) (~~we~~) last saw the deceased alive on 7/19 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: R. Vasudeva DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 7/19/70

23C. PHYSICIAN'S NAME (Type): R. Vasudeva M.D. DEGREE

23D. ADDRESS: Baltimore City Hospitals, 4940 Eastern Ave. Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 7-23-1970

24C. NAME of CEMETERY or CREMATORY: MEADOWRIDGE

24D. LOCATION (City, town, or county) (State): DORSET, Md

25A. DATE REC'D BY HEALTH DEPT. JUL 22 1970

25B. NAME OF REGISTRAR: Robert E. Vaubey M.D.

25C. FUNERAL DIRECTOR: W. Burke Bradley, Dundalk, Md ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. R-262 70 7302

REG. NO. 70 7302

1. NAME OF DECEASED (Type or Print): ROGERS, FANNIE B.

2. DATE AND HOUR OF DEATH: 7/20/70 9.00 p.m. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: LUTHERAN HOSPITAL OF MARYLAND

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 1502

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 1525 MCKEAN AVE

5. SEX: FEMALE

6. RACE: N

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7/4/96

9. AGE (In years last birthday): 74 YRS

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): VA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Eli Steptoe

14. MOTHER'S MAIDEN NAME: Charlotte Steptoe

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-32-1743A

17. INFORMANT: Mrs. Evans Rogers

ADDRESS: 1525 McKean Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

250.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: TOXAEMIA & URAEMIA

DUE TO, OR AS A CONSEQUENCE OF: GANGRENE (R) FOOT

WITH CEREBRO VASCULAR ACCIDENT AND DIABETES MELLITUS

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): ~~Yes~~ No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): —

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 7/16/70 19 to 7/20/70 19, that (I) (we) last saw the deceased alive on 7/20/70 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: S Basu DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 7/20/70

23C. PHYSICIAN'S NAME (Type): S. BASU DEGREE

23D. ADDRESS: C/o Lutheran Hospital of Maryland, Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-24-70

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.

24D. LOCATION (City, town, or county) (State): Westport (Baltimore) Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970

25B. NAME OF REGISTRAR: Robert E. Jackson M.D.

25C. FUNERAL DIRECTOR: Joseph R. Ruck

ADDRESS: 2222 W. Pratt St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

sab-56-49-70

S-530

BIRTH NO. 7303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7303

1. NAME OF DECEASED (Type or Print): Smith, Arthur
Smith, Arthur

2. DATE AND HOUR OF DEATH: 7/20/70 | 5:20 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE HOSPITAL 4940 Eastern Avenue, Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 808
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1715 E. Biddle Street 21213
4940 EASTERN AVENUE

5. SEX: Male
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5-6-14
9. AGE (In years last birthday): 56
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur A. Smith
14. MOTHER'S MAIDEN NAME: Annie Mae Williams

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Unknown
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-18-0084
17. INFORMANT: Records: BCH-4940 Eastern Avenue
ADDRESS: 21224

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 203 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple Myeloma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7 months
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) Spinal cord compression — 4 months
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: None
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: None
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 3-23 19 70 to 7-20-70 19 ___ that (I) (we) last saw the deceased alive on July 70 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ronald Blum MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/20/70
23C. PHYSICIAN'S NAME (Type): Ronald Blum M.D. DEGREE
23D. ADDRESS: Baltimore, Maryland 21224
4940 EASTERN AVENUE

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/24/70
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Westport, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 22 1970
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: Milton Eichson
ADDRESS: 1129 N. Carolina St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

H-630 70 7304

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7304

BIRTH NO. 66-13132

1. NAME OF DECEASED (Type or Print) Jeffery Hurt	2. DATE OF DEATH Known ☐ Estimated ☐	Month 7	Day 19	Year 70	Hour 1:16 p. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hospital	3. DATE PRONOUNCED DEAD	7	19	70	1:16 p M.

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE Md. B. COUNTY 909

6. SEX male	7. RACE Negro	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN Balto.
			D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH 6/25/66	10. AGE (In years last birthday) 4	If Under 1 Yr. If Under 24 Hrs. Months / Days / Hours / Min.	E. STREET AND NUMBER 1318 Harford Avenue
11. BIRTHPLACE (State or foreign country) Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Gillion Hurt
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14B. KIND OF BUSINESS OR INDUSTRY		15. MOTHER'S MAIDEN NAME Margaret Harrington
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	17. SOCIAL SECURITY NO.		18. INFORMANT Margaret R. Hurt — ADDRESS 1318 Harford Ave

MEDICAL CERTIFICATION

19. E 814.7

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Multiple injuries

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION 2	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No) yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1300 blk Harford Ave. 909
22D. TIME OF INJURY (APPROX.) (Month) 7 (Day) 16 (Year) 70 (Hour) 7:15 p.m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	22F. HOW DID INJURY OCCUR? Subj. hit by taxi while crossing street.

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒

ACTUAL SIGNATURE [signature] M.D.

EXAMINER'S NAME (Type) Peter Lipkovic, M.D.

DATE SIGNED 7/20/70

24A. BURIAL CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/24/70	24C. NAME of CEMETERY or CREMATORY Mt. Calvary Cem.	24D. LOCATION (City, town, or county) A.A. County	(State) Md.
25A. DATE REC'D BY HEALTH DEPT. JUL 22 1970	25B. NAME OF REGISTRAR Robert E. Lackey M.D.		25C. FUNERAL DIRECTOR Just Chicken	ADDRESS 1129 N. Caroline

VS 151-REV. 7/1/68

N 869.0

G-650 70 7305

BIRTH NO. 70-12536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7305 4

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Baby Boy Green

2. DATE AND HOUR OF DEATH: 7/16/70 4:30 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital, Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2802
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5031 Gwynn Oak Ave. #2207

5. SEX: Male
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7/15/70
9. AGE (In years last birthday): If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 7 Min.: 15
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Willard Alton Green
14. MOTHER'S MAIDEN NAME: Georgetta ~~Green~~ XXXXX XXXXX Pickett
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Prematurity and low Birth wt. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7 hrs - 15 min
DUE TO, OR AS A CONSEQUENCE OF:
(B) Prematurity
DUE TO, OR AS A CONSEQUENCE OF:
(C) and low birth wt

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-15 19 70 to 7-16 19 70 that (I) (we) last saw the deceased alive on 7-16 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: N. J. Shah DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7-20-70.
23C. PHYSICIAN'S NAME (Type): N. J. Shah DEGREE
23D. ADDRESS (Street, City or Town): ANATOMY BOARD OF MARYLAND

24A. BURIAL CREMATION, REMOVAL (Specify):
24B. DATE: 7-23-70
24C. NAME of CEMETERY or CREMATORY: JOHNS HOPKINS MEDICAL SCHOOL
24D. LOCATION (City, town, or county) (State):

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970
25B. NAME OF REGISTRAR: Robert E. Tuber, M.D.
25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD
ADDRESS:

VS 150-REV. 1/1/68

F-625 70 7306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 7306

BIRTH NO.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Eugene Frishman

2. DATE AND HOUR OF DEATH: July 20, 1970 2:25 p. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3100 Wyman Park Drive USPHS Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto. 5300
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 815 Judy Lane

5. SEX: Male
6. RACE: ~~XXXX~~ WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Aug 5, 1922
9. AGE (In years last birthday): 47
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Man~~XXXXX~~
10B. KIND OF BUSINESS OR INDUSTRY: ~~XXXXXXXX~~RETAIL
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jacob Frishman
14. MOTHER'S MAIDEN NAME: Rose ~~XXXXX~~
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): 1942-1945 ARMY
16. SOCIAL SECURITY NO.: 179-14-2952
17. INFORMANT: MRS. MARIAN FRISHMAN ADDRESS: 815 JUDY LANE #21208 ~~USPHS Hospital, Baltimore, Md.~~

MEDICAL CERTIFICATION

18. 199.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic undifferentiated Carcinoma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: months

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from July 14, 19 70 to July 20 19 70 that ~~XX~~ (we) last saw the deceased alive on July 20 19 70 and that ~~I (my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: [signature] M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: July 21, 1970
23C. PHYSICIAN'S NAME (Type): GARY E. FELDMAN, S. A. Surg (R) DEGREE
23D. ADDRESS: USPHS Hospital, Baltimore, Md. 21201

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-22-70
24C. NAME of CEMETERY or CREMATORY: NEW HAR SINAI
24D. LOCATION (City, town, or county) (State): OWINGS MILLS, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970 Robert E. Talley, M.D.
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. K-455 70 7307

REG. NO. 70 7307

1. NAME OF DECEASED (Type or Print): SIGMUND KLEIMAN

2. DATE AND HOUR OF DEATH: JULY 20, 1970 7A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 7236 PARK HEIGHTS AVENUE

00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 2720

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 7236 PARK HEIGHTS AVENUE

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH:

9. AGE (In years last birthday): 74 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PROPRIETOR

10B. KIND OF BUSINESS OR INDUSTRY: REAL ESTATE

11. BIRTHPLACE (State or foreign country): RUSSIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ABRAHAM KLEIMAN

14. MOTHER'S MAIDEN NAME: DIANE MOSKOWITZ

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-32-4783A

17. INFORMANT: MRS. BLANCHE KLEIMAN, 7236 PARK HGHTS. AVE. ADDRESS APT. A

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	ACUTE CORONARY THROMBOSIS	2 days
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	PULMONARY EMPHYSEMA	5 YEARS
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	POLYPOSIS SIGMOID	6 MONTHS

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: FEMORAL HERNIA RT. — 3 WKS.

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JAN 15 1965 to JULY 20 1970, that (I) (we) last saw the deceased alive on JULY 19 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Norman R. Kleiman DEGREE Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 7/20/70

23C. PHYSICIAN'S NAME (Type): NORMAN R. KLEIMAN DEGREE

23D. ADDRESS: 3803 EDMONDSON AVE. BALTO MD

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 7-22-70

24C. NAME of CEMETERY or CREMATORY: BALTIMORE HEBREW

24D. LOCATION (City, town, or county) (State): REISTERSTOWN, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970

25B. NAME OF REGISTRAR: Robert E. Lackey M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-123 70 7308

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7308

1. NAME OF DECEASED (Type or Print): MARY L. WEBSTER

2. DATE AND HOUR OF DEATH: 7-21-70 4:20 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 EDGEWOOD NURSING HOME

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: BALTIMORE (21222)
C. CITY OR TOWN: DUNDALK D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: 1886 CHURCH RD.

5. SEX: FEM 6. RACE: WHITE 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐ 8. DATE OF BIRTH: 1-13-1904 9. AGE (In years last birthday): 66 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PURCHASING
10B. KIND OF BUSINESS OR INDUSTRY: U.S. GOV.
11. BIRTHPLACE (State or foreign country): VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ALBER L. DAVIS
14. MOTHER'S MAIDEN NAME: ROENA ATHERTON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-07-5059
17. INFORMANT: RICHARD L. WEBSTER - SON ADDRESS: SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 199.0 Carcinomatosis — DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from June 25 1970 to July 21 1970 that (I) (~~last~~) last saw the deceased alive on July 20 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did not) view the body after death.

23A. SIGNATURE: W. G. Helfrich MD DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7-21-70
23C. PHYSICIAN'S NAME (Type): William G. Helfrich, M. D. DEGREE
23D. ADDRESS: 5006 Roland Ave., Balto., Md.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-24-70
24C. NAME of CEMETERY or CREMATORY: OAK LAWN
24D. LOCATION (City, town, or county) (State): BALTIMORE CO. MD.

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Louis Bradley, Dundalk, Md. ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-335 70 7309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7309

BIRTH NO. [redacted]

1. NAME OF DECEASED (Type or Print): STEDDINS, SARAH L.

2. DATE AND HOUR OF DEATH: 7/21/70 9:30 AM. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hosp. of Maryland

46

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md 21223 B. COUNTY: 2102

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 921 Rayan St.

5. SEX: F 6. RACE: W 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 1-3-1897 9. AGE (In years last birthday): 73 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Franklin Wagner

14. MOTHER'S MAIDEN NAME: Mary J. Colley

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 219-10-9000A

17. INFORMANT: Daughter ADDRESS: Clara A. Smith 921, Rayan St. Baltimo

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. 412.3

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebro-vascular accident (stroke) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 24 days.

DUE TO, OR AS A CONSEQUENCE OF: L Hemiplegia

(B) A C V D., Ventricular Aneurism

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). —

19A. DATE OF OPERATION: 0 — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): — 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —

21E. INJURY OCCURRED While At Work [X] Not While At Work [ ]

21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 6/27 1970 to 7/21 1970 that (I) (we) last saw the deceased alive on 7/21 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 7.21.1970.

23C. PHYSICIAN'S NAME (Type): CHRYSOLOGUE SAKUBA DEGREE

23D. ADDRESS: Lutheran Hosp. of Maryland 730, Ashburton St. Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-24-1970

24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Howard H. Hubbard ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

4E -
921 RYAN ST.

1

W-426 70 7310

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 7310

1. NAME OF DECEASED (Type or Print): DOCTOR TEE WALKER

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: July Day: 12, Year: 1970 Hour: M.

3. DATE PRONOUNCED DEAD — Month: July Day: 12, Year: 1970 Hour: 1:40 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 UNION MEMORIAL HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: ~~Prince George's~~

C. CITY OR TOWN:

D. INSIDE CITY LIMITS? YES ☐ NO ☐ 0907

E. STREET AND NUMBER: ~~1570 1st. Avenue~~ 1600 Druid Lane

6. SEX: Male

7. RACE: Negro

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 10/12/26

10. AGE (In years last birthday): 44?

If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hayward Walker

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Station

14B. KIND OF BUSINESS OR INDUSTRY: Service Station Op.

15. MOTHER'S MAIDEN NAME: Harriett Walker

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): WW2

17. SOCIAL SECURITY NO.: 227-22-5902

18. INFORMANT: Mrs. Fannie Walker ADDRESS:

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E965 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Gunshot wound of chest

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION:

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Bar

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2707 Harford Road 831

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 7-12-70 1:14 A. m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Shot by unknown assailant

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, MD.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 7/12/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/16/70

24C. NAME of CEMETERY or CREMATORY: West View

24D. LOCATION (City, town, or county) (State): South Hill, Virginia

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970

25B. NAME OF REGISTRAR: Robert E. Farley M.D.

25C. FUNERAL DIRECTOR: Feggins Funeral Home ADDRESS: South Hill, Va.

VS 151-REV. 1/1/68

N 875.1

Seat Pleasant, Md - M.E. - 7-27-70 G.H

K-145 Israel 70 7311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7311

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SARAH KAPLAN

2. DATE AND HOUR OF DEATH: 07-22-70 4:45PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: ~~MARYLAND~~ Israel
B. COUNTY: V-58
C. CITY OR TOWN: ~~BALTIMORE~~ Jerusalem
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: ~~403 YESHIVA LAND~~ 7 Ponim Meirot

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 07-06-69
9. AGE (In years last birthday): 1 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Israel
12. CITIZEN OF WHAT COUNTRY? Israel

13. FATHER'S NAME: SOLOMON KAPLAN
14. MOTHER'S MAIDEN NAME: DEENA HERSHOWITZ

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): —
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hosp chart — ADDRESS:

MEDICAL CERTIFICATION

18. 7466 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Cardiorespiratory Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Post-op Mitral Valve Annuloplasty — 30 hrs

DUE TO, OR AS A CONSEQUENCE OF:

(C) Mitral Insufficiency Birth

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 7/21/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Mitral Insufficiency
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/13 19 70 to 7/22 19 70 that (I) (we) last saw the deceased alive on 7/22 19 70 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Robert D. Poppin M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7/22/70
23C. PHYSICIAN'S NAME (Type): Robert D. Poppin M.D. DEGREE
23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/27/70
24C. NAME of CEMETERY or CREMATORY: Har Hamenuchoth
24D. LOCATION (City, town, or county) (State): Jerusalem Israel

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: Sylvan Levin & Son
ADDRESS: 9610 Reisterstown Rd

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-534 70 7312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7312

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Charles Handlir

2. DATE AND HOUR OF DEATH: 7/20/70 | 7 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 98 Bolton Hill Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2636
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1310 Bonsal St.

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 2-19-88
9. AGE (In years last birthday): 82
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Handlir
14. MOTHER'S MAIDEN NAME: Josephine Dusek

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 215-05-8758
17. INFORMANT: August Handlir
ADDRESS: 8127 Old Phila Rd. Balto 37

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: CA of prostate — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1965
DUE TO, OR AS A CONSEQUENCE OF:
(B) recurrent urinary tract infection — years
DUE TO, OR AS A CONSEQUENCE OF:
(C) uremia — anemia — years
arteriosclerotic heart disease — years

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1/19 1968 to 7/20 1970, that (I) (we) last saw the deceased alive on 7/20 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Allan H. Macht MD DEGREE
Attending Phys. ☐ Med. Director ☒ Staff Phys. ☐
23B. DATE SIGNED: 7/20/70
23C. PHYSICIAN'S NAME (Type): ALLAN H. MACHT MD DEGREE
23D. ADDRESS: 2 E Read St Balt Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/24/70
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): Balto Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: Philip E. Grach
ADDRESS: 1211 Chesaco Ave Balto 37

VS 150-REV. 1/1/68

A-656 70 7313

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7313

CERTIFICATE AMENDED

1. NAME OF DECEASED (Type or Print): ARMOUR, Mary

2. DATE AND HOUR OF DEATH: July 21, 1970 | 1:50 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD: NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bolton Hill Nursing & Convalescent Ctr.

7-31-70

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto. 5300
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2636 Yorkway 21222

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 12-23-1894 12-28-94
9. AGE (In years last birthday): 76 75
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lemuel Francis Roberts
14. MOTHER'S MAIDEN NAME: Mary Alice Bennett

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-07-1948
17. INFORMANT: Mrs. Iris Dollard, 2636 Yorkway, 21222 ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

I 1B. 153.2 + 250.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinomatosis from — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6/70

DUE TO, OR AS A CONSEQUENCE OF:

(B) CA of colon - descending

DUE TO, OR AS A CONSEQUENCE OF:

(C) Hypertensive C.V. disease — years

Diabetes mellitus — years.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1/31 1969 to 7/21 1970, that (I) (we) last saw the deceased alive on 7/21 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/21/70

23C. PHYSICIAN'S NAME (Type): ALLAN H. MACHT MD DEGREE
23D. ADDRESS: 2 E Read St Balto Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/24/70
24C. NAME of CEMETERY or CREMATORY: Moreland Memorial Park
24D. LOCATION (City, town, or county) (State): Parkville, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970
25B. NAME OF REGISTRAR: Robert E. Farley M.D.
25C. FUNERAL DIRECTOR: Ullrich Funeral Home, Dundalk, Md. ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

57-26-80 d/s

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. C-140 70 7314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 7314

1. NAME OF DECEASED (Type or Print): John A. Capello

2. DATE AND HOUR OF DEATH: 7/20/70 2:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Avenue Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore
C. CITY OR TOWN:
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 108 Willow Spring Road 21222

5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 3-7-96
9. AGE (In years last birthday): 74
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ROLL TURNER
10B. KIND OF BUSINESS OR INDUSTRY: STEEL
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ben CAPELLO
14. MOTHER'S MAIDEN NAME: Kate JHETS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 213-07-4586A
17. INFORMANT: 4940 Eastern Avenue ADDRESS: BCH: Records Baltimore, Maryland 21222

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
412.3	(A) IMMEDIATE CAUSE: Cerebral vascular accid.	12 hrs
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) Arteriosclerotic Heart Dis	10 yrs
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from 7/20 1970 to 7/20 1970 that (I) ~~(we)~~ last saw the deceased alive on 7/20 1970 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Kevin J. Hunt MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7/20/70
23C. PHYSICIAN'S NAME (Type): Kevin J. Hunt M.D. DEGREE
23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland 21224

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial/Removal
24B. DATE: 7/24/70
24C. NAME of CEMETERY or CREMATORY: OBERLIN CEMETERY
24D. LOCATION (City, town, or county) (State): OBERLIN, PA.

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970
25B. NAME OF REGISTRAR: Robert E. Jaeben, M.D.
25C. FUNERAL DIRECTOR: ULRICH FUNERAL HOME BALTO. ADDRESS: MD. 21206

VS 150-REV. 1/1/68

L-200 70 7315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7315

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Logue, Violet Catherine

2. DATE AND HOUR OF DEATH: July 18 70 | 9 55 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hosp. 33rd & Calvert Sts.

44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 2633

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 3333 Dudley Avenue

5. SEX: Female

6. RACE: Caucasian

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 1-15-96

9. AGE (In years last birthday): 74

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George R. Trulow

14. MOTHER'S MAIDEN NAME: Manning

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-24-7983

17. INFORMANT: MRS. MARY J SCOTT ADDRESS: 3333 DUDLEY AVE

MEDICAL CERTIFICATION

18. 491X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: cardio-respiratory failure

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) uremic acidosis

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

chronic bronchitis & myocardial occlusion disease

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 7 19 70 to July 18 19 70 that (I) (we) last saw the deceased alive on July 17 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R Gunnatson DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: July 18, 1970

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 7/21/70

24C. NAME of CEMETERY or CREMATORY: HOLY REDEEMER

24D. LOCATION (City, town, or county) (State): BALTIMORE MD

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: ULRICH FUNERAL HOME ADDRESS: 4216 BELAIR

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

[redacted] 70 7316

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. R-563

REG. NO. 70 7316

1. NAME OF DECEASED (Type or Print): Frank J. Rhinehart	2. DATE OF DEATH — Known ☐ Estimated ☐ — Month 7 Day 19 Year 70 Hour 10:35 p.m.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hospital	3. DATE PRONOUNCED DEAD — Month 7 Day 19 Year 70 Hour 10:35 p.m.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Md. B. COUNTY: 703
6. SEX: male — 7. RACE: White — 8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN: Balto. — D. INSIDE CITY LIMITS? YES ☒ NO ☐
9. DATE OF BIRTH: 9 July 05 — 10. AGE (In years last birthday): 65 — If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	E. STREET AND NUMBER: 2230 E. Eager Street
11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME: Charles W. Rhinehart
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): assembler — 14B. KIND OF BUSINESS OR INDUSTRY: kitchen cabinets	15. MOTHER'S MAIDEN NAME: Rose B. Allen
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service) — 17. SOCIAL SECURITY NO. 212-07-0910	18. INFORMANT: Cordelia Rhinehart — ADDRESS: 2230 E. Eager St. 21205

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION:	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No): no
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

DATE SIGNED: 7/20/70

24A. BURIAL CREMATION, REMOVAL (Specify): burial	24B. DATE: 23 July 1970	24C. NAME of CEMETERY or CREMATORY: Baltimore Cemetery	24D. LOCATION (City, town, or county) (State): Baltimore, Md.
25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970	25B. NAME OF REGISTRAR: Robert E. Tolbert, M.D.	25C. FUNERAL DIRECTOR: Ulrich Funeral Homes, Balto., Md.	ADDRESS: 21206

VS 151-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-242 70 7317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7317

1. NAME OF DECEASED (Type or Print): BENJAMIN P. MISLAK

2. DATE AND HOUR OF DEATH: 7-22-1970 10 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1715 BANK ST.
00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 202
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1715 BANK ST

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 3-3-1887
9. AGE (In years last birthday): 83
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): POLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN MISLAK
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 214140246
17. INFORMANT: ANASTASIA MISLAK
ADDRESS: 1715 BANK ST

MEDICAL CERTIFICATION

18. 412.3 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: HEART DISEASE ARTERIOSCLEROTIC — 2yrs
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12/11 1962 to 7/22 1970, that (I) (we) last saw the deceased alive on 4/15 1968 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ([redacted]) view the body after death.

23A. SIGNATURE: Lewis B Kaplan MD DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/27/70
23C. PHYSICIAN'S NAME (Type): I. B. KAPLAN MD DEGREE
23D. ADDRESS: 129 S. Broadway Balto Md

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-25-70
24C. NAME of CEMETERY or CREMATORY: HOLY ROSARY CEMETERY
24D. LOCATION (City, town, or county): DUNDALK (State): MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: JOHN M WEBER & SONS INC
ADDRESS: 401 S. CHESTER ST.

VS 150-REV. 1/1/68

S-200 70 7318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

REG. NO.

1. NAME OF DECEASED (Type or Print): SOCHA, MRS. MARY

2. DATE AND HOUR OF DEATH: 7/21/70 9.30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bon Secour Hosp. 34

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: 2220 BANK ST. BALTO. 21231
C. CITY OR TOWN: BALTO. Md
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2220 BANK ST. 1-05

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 11/21/84
9. AGE (In years last birthday): 85
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: JOHN PRZYBYL
14. MOTHER'S MAIDEN NAME: Magdalen KAJZER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-10-3464
17. INFORMANT:
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death)

(A) IMMEDIATE CAUSE: Pneumonia and Urinary tract infection — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

DUE TO, OR AS A CONSEQUENCE OF:

(B) metastatic carcinoma of liver

DUE TO, OR AS A CONSEQUENCE OF:

(C) Hypothyroidism

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): —

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): At home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2220 Bank St. Balto 21231
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 7/18/70
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☑
21F. HOW DID INJURY OCCUR? fell down to the floor Kusuma

22. I certify that (I) (this hospital) attended the deceased from 7/18/ 1970 to 7/21 1970 that (I) (we) last saw the deceased alive on 7/21 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Kusuma K. Pruksapong M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7/21/70
23C. PHYSICIAN'S NAME (Type): Dr. KUSUMA K. PRUKSAPONG M.D. DEGREE
23D. ADDRESS: Bon Secours Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-24-70
24C. NAME of CEMETERY or CREMATORY: HOLY ROSARY CEMETERY
24D. LOCATION (City, town, or county) (State): DUNDALK MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: John M. Weber & Son
ADDRESS: 401 S. Chester St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

H-420 70 7319

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7319

BIRTH NO.

1. NAME OF DECEASED (Type or Print): PETER HELEWICZ

2. DATE OF DEATH: Known ☐ Estimated ☐ Month 7 Day 21 Year 70 Hour M.

3. DATE PRONOUNCED DEAD: Month July Day 21, Year 1970 Hour 12:10 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME AND HOSPITAL

35

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 841

6. SEX: Male

7. RACE: White

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 10-25-1908

10. AGE (In years last birthday): 61

If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 3228 Elmora Avenue

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: LOUIS HELEWICZ

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

14B. KIND OF BUSINESS OR INDUSTRY: NATIONAL CAN CO.

15. MOTHER'S MAIDEN NAME: MARGARET WLODARCZYK

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): YES (If yes, give war or dates of service): WWII

17. SOCIAL SECURITY NO.: 218 05 0327

18. INFORMANT: HELEN HELEWICZ ADDRESS: 3228 ELMORA AVE

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

412.4

Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 7/22/70

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 7-25-1970

24C. NAME of CEMETERY or CREMATORY: GARDENS OF FAITH

24D. LOCATION (City, town, or county) (State): 4419 KENWOOD AVE BALTO. MD.

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970

25B. NAME OF REGISTRAR: Robert E. Foxley M.D.

25C. FUNERAL DIRECTOR: JOHN M. WEBER & SONS INC. ADDRESS: 401 S. CHESTER ST.

VS 151-REV. 1/1/68

4-553 70 7320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 7320

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Morris Dorman Hammond

2. DATE AND HOUR OF DEATH: July 17, 1970 11:50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University of Maryland Hosp. 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Wicomico G 72-12

C. CITY OR TOWN: Salisbury D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 206 Truitt St.

5. SEX: M 6. RACE: W 7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 10-17-04 9. AGE (In years last birthday): 65 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watch Repairman

10B. KIND OF BUSINESS OR INDUSTRY: Watch Repair

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ernest W. Hammond

14. MOTHER'S MAIDEN NAME: Theodora (Dora) May Morris

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): Coast Guard WWII

16. SOCIAL SECURITY NO.: 214-10-8540

17. INFORMANT: (Wife) ADDRESS: 206 Truitt Street

Mrs. Elizabeth T. Hammond, Salisbury, Maryland

MEDICAL CERTIFICATION

18. 410.91

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardio Pulmonary Arrest

DUE TO, OR AS A CONSEQUENCE OF: Acute Myocardial Infarct complicating coronary ~~[illegible]~~ 1 Day

(B) DUE TO, OR AS A CONSEQUENCE OF: ~~Hepatorenal failure~~ cut ~~[illegible]~~ Arteriotomy ~~[illegible]~~

(C) ~~Pneumonia infection~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Coagulation defect, idiopathic

CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: 7-8-70 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Coronary Atherosclerosis

20A. AUTOPSY? (Yes or No): Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-5 1970 to 7-17 1970 that (I) (we) last saw the deceased alive on July 17 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: H. Jae Ihm MD DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: July 18 '70

23C. PHYSICIAN'S NAME (Type): H. JAE Ihm M.D. DEGREE

23D. ADDRESS: 22 Greene St. Balt. Md

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: July 21, 1970

24C. NAME of CEMETERY or CREMATORY: Springhill Memory Gardens

24D. LOCATION (City, town, or county) (State): Salisbury, Wicomico, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970

25B. NAME OF REGISTRAR: Robert E. Talley, M.D.

25C. FUNERAL DIRECTOR: HOLLOWAY & COMPANY, SALISBURY, MARYLAND ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

F-630 70 7321

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7321

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CHARLES R. FORD

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year Hour July 21, 1970 3:35 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 LUTHERAN HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1502

6. SEX: Male

7. RACE: Negroid

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 10-8-17

10. AGE (In years last birthday): 52
If Under 1 Yr. Months Days Hours Min.

E. STREET AND NUMBER: 1647 N. Monroe Street

11. BIRTHPLACE (State or foreign country): ~~Maryland~~ Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

14B. KIND OF BUSINESS OR INDUSTRY: Automotive Sales

15. MOTHER'S MAIDEN NAME: Blanche Brown

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)

17. SOCIAL SECURITY NO. 705-05-8389

18. INFORMANT: Elaine Ford-wife ADDRESS: same

MEDICAL CERTIFICATION

19. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 412.4

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 7/22/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-24-70

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: V. Bailey Kelson F.H. ADDRESS: 1348 Calhoun Street

VS 151-REV. 1/1/68

B-653

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 7322 REG. NO. 70 7322

1. NAME OF DECEASED (Type or Print): Marion L. Brantner

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 7 Day 20 Year 70 Hour 8:25 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 416 W. Pratt St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 401

6. SEX: male

7. RACE: white

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 4/26/1921

10. AGE (In years last birthday): 49
If Under 1 Yr. or Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 416 W. Pratt St.

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William S. Brantner

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bartender

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Mary J. Leonard

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Walter J. Yates Fun. Home ADDRESS: Williamsburg Pa.

MEDICAL CERTIFICATION

19. 412.4

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease
(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Werner U. Spitz, M.D.

M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
Deputy Chief Medical Examiner

DATE SIGNED: 7/21/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/24/70

24C. NAME of CEMETERY or CREMATORY: Mines Cemetery

24D. LOCATION (City, town, or county) (State): Williamsburg, Pa

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970 Robert E. Farber, M.D.

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc., Balto. Md. ADDRESS

VS 151-REV. 1/1/68

C-455 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7323 Registered No. 70 7323

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print): EDNA M. COLEMAN

2. DATE AND HOUR OF DEATH: 7/22/70 11:25 AM M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MD GENERAL HOSPITAL 48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: BM B. COUNTY: MARYLAND 2739
C. CITY OR TOWN (If outside city limits, write RURAL and give township): BALTO 2124
D. STREET ADDRESS (If rural, give location): 7139 MCCLEAN BLVD

5. SEX: F
6. RACE: Caucc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): MARRIED
8. DATE OF BIRTH: 1-27-04
9. AGE (In years last birthday): 66
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: Ret. Telephone Opperator
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM L. ~~HARD~~ Hand
14. MOTHER'S MAIDEN NAME: Sophia ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 218 05 1359
17. INFORMANT: J. Robert Coleman ADDRESS: same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 410.9

(A) MYOCARDIAL INFARCTION — 7-5-70 to 7-22-70

DUE TO

(B) ASCVD — 5 yrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) ☐
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-5 1970 to 7-22 1970, that (I) (we) last saw the deceased alive on 7-22 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Whitney Houghton M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7-22-70
23C. PHYSICIAN'S NAME (Type): WHITNEY HOUGHTON M.D.
23D. ADDRESS: MD. GEN. HOSP. BALTO, MD

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/25/70
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970
25B. NAME OF REGISTRAR: Robert E. Talbey, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc. Balto. Md. ADDRESS

VS 150-REV. 1/1/65

1

H-520 70 7324

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70 7324

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): MABEL HAYNES

2. DATE OF DEATH: Known [X] Estimated [ ] Month July Day 15 Year 1970 Hour M.

3. DATE PRONOUNCED DEAD: Month July Day 15 Year 1970 Hour 6:15 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1832 Druid Hill Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1403
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1832 Druid Hill Avenue

6. SEX: Female
7. RACE: Negro
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 1/10/1911
10. AGE (In years last birthday): 59
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George Seymore

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY: Laborer
15. MOTHER'S MAIDEN NAME: Ethel Cornish

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): ---------
17. SOCIAL SECURITY NO.
18. INFORMANT: Lillie Mae Chester, ADDRESS: Woolford, Maryland

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

4-12-4

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: July 16, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Rem. - Burial
24B. DATE: 7/20/1970
24C. NAME of CEMETERY or CREMATORY: Madison Cemetery
24D. LOCATION (City, town, or county) (State): Madison, Dor. Co., Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Frederick C. St. Clair
ADDRESS: St. Clair F. Home, Cambridge, Md.

VS 151-REV. 1/1/68

Letter from M.E.'s office 7-23-70 M.H.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. K-510 70 7325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7325

1. NAME OF DECEASED (Type or Print): Martha Lillian Kampe

2. DATE AND HOUR OF DEATH: July 22, 1970 | 2:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: OO
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2823 Kirk Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 907
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2823 Kirk Ave.

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5-10-1888
9. AGE (In years last birthday): 82
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Dresses Miller Bros.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J. Frederick Kampe
14. MOTHER'S MAIDEN NAME: Ella Mitchell

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-03-8323
17. INFORMANT: Warren W. Sank
ADDRESS: Same

MEDICAL CERTIFICATION

18. 151.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Carcinoma of Stomach + Esophagus

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 06/10/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Carcinoma of stomach + esophagus
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from April 13 1970 to July 22 1970 that (I) (~~we~~) last saw the deceased alive on July 22 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Loy M. Zimmerman M.D. DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/23/70
23C. PHYSICIAN'S NAME (Type): Loy M. Zimmerman DEGREE
23D. ADDRESS: 3202 Harford Rd.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-25-70
24C. NAME of CEMETERY or CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Parkville, Balto.Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: H.W.Jenkins Sons Co.
ADDRESS: 4905 York Rd. Baltimore, Md. 21212

VS 150-REV. 1/1/68

57-25-24 1 csk

F-623 70 7326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7326

BIRTH NO. [redacted]

1. NAME OF DECEASED (Type or Print) (Starrester) La-Rue Forrester (Forester)

2. DATE AND HOUR OF DEATH 7/21/70 2:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Baltimore City Hospital

4940 Eastern Ave. Baltimore, Md 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore 5300

C. CITY OR TOWN:

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 667 S. Avondale Rd. 005

5. SEX: Female

6. RACE: Negro

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 6-2-11

9. AGE (In years last birthday): 59

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Thompson

14. MOTHER'S MAIDEN NAME: Elizabeth Fountain

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-14-2527

17. INFORMANT: BCH Records: Baltimore, Md 21224 ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4-36.0	(A) IMMEDIATE CAUSE: Anoxia	5 minutes
	DUE TO, OR AS A CONSEQUENCE OF: (B) Cerebrovascular accident	4 days
	DUE TO, OR AS A CONSEQUENCE OF: (C) Severe hypertension	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Obesity, chronic renal disease, ischemic heart disease

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/17 1970 to 7/21 1970 that (I) (we) last saw the deceased alive on 7/21 1970 and that in (my) (our) opinion death accurred on the date and haur and fram the causes stated above. (I) (We) (did) (did nat) view the body after death.

23A. SIGNATURE: J. L. Fleg M.D. M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 7/21/70

23C. PHYSICIAN'S NAME (Type): J. L. Fleg M.D. DEGREE

23D. ADDRESS: 4940 Eastern Ave. Baltimore, Md. Baltimore City Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/25/70

24C. NAME of CEMETERY or CREMATORY: Western Star Cemetery

24D. LOCATION (City, town, or county) (State): Catonsville, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: Morton & Dyett F.H. ADDRESS: 1701 Laurens St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. T-260 70 7327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7327

1. NAME OF DECEASED (Type or Print): Tucker, Millard

2. DATE AND HOUR OF DEATH: 7-12-70 3 40/PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hosp 730 - Ashburton, st

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 1538
C. CITY OR TOWN: Baltimore, Md-21216
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 3412 - Duvall, Ave

46

5. SEX: M
6. RACE: C
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH
9. AGE (In years last birthday): 76
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT
ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. 436.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: C.V.A. Cerebrovascular Accident
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-12-70 10.20 AM 19 to 7-12-70 3.40 PM 19, that (I) (we) last saw the deceased alive on 2.00 PM 7-12-70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7-12-70
23C. PHYSICIAN'S NAME (Type): Nassir Saghafi M.D. DEGREE
23D. ADDRESS: Lutheran Hosp Baltimore Maryland

24A. BURIAL CREMATION, REMOVAL (Specify)
24B. DATE: 7-14-70
24C. NAME of CEMETERY or CREMATORY: BCH
24D. LOCATION (City, town, or county) (State): Baltimore Md

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970
25B. NAME OF REGISTRAR: Robert E. Fallon, M.D.
25C. FUNERAL DIRECTOR
ADDRESS

MORTUARY SERVICE - BCHD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-325 70 7328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. [redacted] 70 7328

1. NAME OF DECEASED (Type or Print): HODGSON, ANNA

2. DATE AND HOUR OF DEATH: 7/16/1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Harbor View N.C.C.
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1213 Light St. Balto MD 21230

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: 5501 Bosworth Av 21207
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2802

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 5-19-78
9. AGE (In years last birthday): 91
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): seamstress
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James S Hodgson
14. MOTHER'S MAIDEN NAME: Katie I Miller

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 261-36-1118
17. INFORMANT: Chart
ADDRESS:

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Congestive heart failure — several yrs.
DUE TO, OR AS A CONSEQUENCE OF: A.S.C.V.D
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?:

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?:

22. I certify that (I) (this hospital) attended the deceased from 5-13 1970 to 7-16 1970 that (I) (we) last saw the deceased alive on 7-16 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E Ellsworth Cook DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7-16-70
23C. PHYSICIAN'S NAME (Type) DEGREE:
23D. ADDRESS: ANATOMY BOARD OF MARYLAND UNIVERSITY MEDICAL SCHOOL

24A. BURIAL CREMATION, REMOVAL (Specify):
24B. DATE: 7-17-70
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City or County) (State):

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD
ADDRESS:

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-622 70 7329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7329

1. NAME OF DECEASED (Type or Print): Mike BORZUK

2. DATE AND HOUR OF DEATH: July 16, 1970 | 6:50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 90
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Midtown Home, Inc. 808 St. Paul Street Baltimore, Md 21202

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 00-00
C. CITY OR TOWN:
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: Not known

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7/2/84
9. AGE (In years last birthday): 86
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 220-22-5302
17. INFORMANT:
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardio Respiratory failure
DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic CVD
(B) Senility
DUE TO, OR AS A CONSEQUENCE OF:
(C) Terminal Pneumonia

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 2/7/68 19 to 7/16/70 19, that (I) (we) last saw the deceased alive on 7/16/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~Was called~~) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): Willard Appleford DEGREE
23D. ADDRESS: 6665 Reisterstown Rd

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: 7-21-70
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City, Town, County) (State):

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR:
ADDRESS:

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

VS 150-REV. 1/1/68

J-523 70 7330

BIRTH NO. 70-11427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7330 X

1. NAME OF DECEASED (Type or Print): Baby Girl Thorston 'B'

2. DATE AND HOUR OF DEATH: 7/5/70 | 6 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 Lutheran Hospital of Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: B 2778
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 5606 Midwood AVE.

5. SEX: Female
6. RACE: Caucasian
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7/4/70
9. AGE (In years last birthday):
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 21 Min.: 12

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Lutheran Hospital
12. CITIZEN OF WHAT COUNTRY? Italy

13. FATHER'S NAME: Herman ??
14. MOTHER'S MAIDEN NAME: Audrey. Johnston ~~Thorton~~

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: M.A. Gheewala ADDRESS: 730 Ashburton St.

MEDICAL CERTIFICATION

18. 7694 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory Distress Syndrome — Approximate interval between onset and death: Immediate

DUE TO, OR AS A CONSEQUENCE OF:

(B) Prematurity

DUE TO, OR AS A CONSEQUENCE OF:

(C) Anaemia.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-4- 1970 to 7-5- 1970 that (I) (we) last saw the deceased alive on 7-5- 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M A Gheewala DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7/5/70
23C. PHYSICIAN'S NAME (Type): M.A. GHEEWALA MD DEGREE
23D. ADDRESS: Lutheran Hospital

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

24A. BURIAL CREMATION, REMOVAL (Specify)
24B. DATE: 7-17-70
24C. NAME of CEMETERY or CREMATORY
24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. J-523 70-11426 .70 7331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7331 4

1. NAME OF DECEASED (Type or Print): Baby Girl Johnston 'A'

2. DATE AND HOUR OF DEATH: 7/5/70 7:40 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Lutheran Hospital Md
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Baltimore
B. COUNTY: 2778
C. CITY OR TOWN: Baltimore.
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 5606 Midwood AVE

5. SEX: Female
6. RACE: Caucasian
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7/4/70
9. AGE (In years last birthday): If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 22 Min.: 57

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lutheran Hospital
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Nelk
14. MOTHER'S MAIDEN NAME: Audrey

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: MA Gleeson — ADDRESS: Lutheran Hospital

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory Distress Syndrome — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:

(B) Prematurity.
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

769.4 I

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/4/70 19 to 7/5/70 19 that (I) (we) last saw the deceased alive on 7/5/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: MA Gleeson DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7/5/70
23C. PHYSICIAN'S NAME (Type): M.A. Gleeson DEGREE
23D. ADDRESS: [illegible]

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL

24A. BURIAL CREMATION, REMOVAL (Specify):
24B. DATE: 7-17-70
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City, town, or county) (State):

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970 Robert E. Farber
25B. NAME OF REGISTRAR: Farber, M.D.
25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD ADDRESS

VS 150-REV. 1/1/68

T-610 70 7332

BIRTH NO. 70-12476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7332

1. NAME OF DECEASED (Type or Print): Baby Girl TRAPP

2. DATE AND HOUR OF DEATH: 7/16/70 9:15 AM. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital of Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD B. COUNTY: Baltimore 5200

C. CITY OR TOWN: City

D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: ~~730 Belmont~~ 1452 Gorsuch

5. SEX: Female

6. RACE: White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7/14/70

9. AGE (In years last birthday): If Under 1 Yr. Months: Days: 2 If Under 24 Hrs. Hours: 18 Min. 59

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lutheran Hospital

12. CITIZEN OF WHAT COUNTRY? States.

13. FATHER'S NAME: HARRY

14. MOTHER'S MAIDEN NAME: Ellis. TRAPP

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Dr M.A. Gheewala ADDRESS: Lutheran Hospital

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

(B) Intracranial Haemorrhage

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

772.0 1

19A. DATE OF OPERATION:

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-14-1970 to 7-16-1970 that (I) (we) last saw the deceased alive on 7-14-1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M.A. Gheewala MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 7/16/70

23C. PHYSICIAN'S NAME (Type): M.A. Gheewala MD DEGREE

23D. ADDRESS: ANATOMY BOARD OF MARYLAND UNIVERSITY MEDICAL SCHOOL

24A. BURIAL CREMATION, REMOVAL (Specify):

24B. DATE: 7-17-70

24C. NAME of CEMETERY or CREMATORY:

24D. LOCATION (City, town, or county) (State):

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970

25B. NAME OF REGISTRAR: Robert E. Farber M.D.

25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-535 70 7333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 7333

1. NAME OF DECEASED (Type or Print): Agnes Josephine Shenton

2. DATE AND HOUR OF DEATH: July 13, 1970 | 11:15 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION — IIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI
43 South Baltimore General Hospital
3001 South Hanover Street

4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admissionI
A. STATE: Maryland B. COUNTY: Baltimore 5300
C. CITY OR TOWN: Dundalk
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 102 Maryland Avenue

5. SEX: Female
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 3-25-99
9. AGE (In years last birthday): 71
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lawrence Goralski
14. MOTHER'S MAIDEN NAME: Josephine ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-22-2872
17. INFORMANT: Hospital Chart
ADDRESS:

MEDICAL CERTIFICATION

18. 162.1 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: DIFFUSE PNEUMONIA — WEEK
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) BRONCHIAL OBSTRUCTION — MONTHS
DUE TO, OR AS A CONSEQUENCE OF:

(C) BRONCHOGENIC CARCINOMA — YEARS

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-2 19 70 to 7-13 19 70 that (I) (we) last saw the deceased alive on 7-13 19 70 and that to (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gary A. Belaga, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: July 13, 1970
23C. PHYSICIAN'S NAME (Type): Gary A. Belaga, M. D. DEGREE
23D. ADDRESS: 3001 S. Hanover Street, Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-17-70
24C. NAME of CEMETERY or CREMATORY: St. Stanislaus
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: John J. Duda
ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

1

70 7334

W-415

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7334

1. NAME OF DECEASED (Type or Print): Eula Wilfong

2. DATE OF DEATH — Known ☐ Estimated ☐: Month 7, Day 20, Year 70, Hour 11:00 a.m.

3. DATE PRONOUNCED DEAD: Month 7, Day 20, Year 70, Hour 11:00 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: HARFORD 6224

6. SEX: female

7. RACE: White

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Havre De Grace

D. INSIDE CITY LIMITS? YES ☐ NO ☑

9. DATE OF BIRTH: 3/22/1931

10. AGE (In years last birthday): 39

If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 109 Wilson St. Havre De Grace, Md.

11. BIRTHPLACE (State or foreign country): TENN.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EMMIT (N.M.I.) SMITH

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

14B. KIND OF BUSINESS OR INDUSTRY: SAME

15. MOTHER'S MAIDEN NAME: BESSIE (N.M.I.) DYSON

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service): NO

17. SOCIAL SECURITY NO. 412 50 8467

18. INFORMANT: Miss CAROLYN LOVE ADDRESS: 109 WILSON ST.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E968 X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute subdural hematoma

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Cirrhosis liver

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 109 Wilson St. 6224

22D. TIME OF INJURY (APPROX.): (Month) 7 (Day) 19 (Year) 70 (Hour) appx. 2:00am.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? ~~Accidental~~ Allegedly pushed by husband

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒

DATE SIGNED: 7-20-70

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 7/23/1970

24C. NAME of CEMETERY or CREMATORY: BEL AIR MEMORIAL GARDENS

24D. LOCATION (City, town, or county): BEL AIR (State): HARFORD MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970

25B. NAME OF REGISTRAR: Robert E. Farley, M.D.

25C. FUNERAL DIRECTOR: Pennington & Son, Havre De Grace, Md. ADDRESS: PENNINGTON & SON, HAVRE DE GRACE, MARYLAND

VS 151-REV. 1/1/68

N 832.D

B-160 70 7335

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 7335

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): BEAVER CATHERINE E.

2. DATE AND HOUR OF DEATH: JULY 21, 1970 | 2:20 A M.

3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST. AGNES HOSPITAL CATON & WILKENS AVENUES BALTIMORE, MD. 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: BALTIMORE 5300
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: FOREST HAVEN NURS. HOME, INGLESIDE AVE.

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 12-25-94
9. AGE (In years last birthday): 75
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jefferson ~~JEFFREY~~ SLORP
14. MOTHER'S MAIDEN NAME: ~~ELIZABETH~~ Annie Rickell

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: ST. AGNES HOSPITAL RECORDS ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: SEPTICEMIA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 day
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) GANGRENE L FOOT — ?
DUE TO, OR AS A CONSEQUENCE OF:

(C) DIABETES

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): ASCVD

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JULY 20 19 70 to JULY 21 19 70 that (I) (we) last saw the deceased alive on JULY 21 19 70 and that In (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Paul M. Westphalen DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: July 21, 1970
23C. PHYSICIAN'S NAME (Type): P WESTPHALEN, M.D. DEGREE
23D. ADDRESS: ST. AGNES HOSPITAL CATON & WILKENS AVES. BALTO. MD. 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-24-70
24C. NAME of CEMETERY or CREMATORY: Providence Cem.
24D. LOCATION (City, town, or county) (State): Glenelg Howard Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Higinbotham-Slack
ADDRESS: Ellicott City Md.

VS 150-REV. 1/1/68

Prior Address 521 Frederick Rd.,
Ellicott city. Admitted to N.H.
3/23/76.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. L-530 70 7336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7336

1. NAME OF DECEASED (Type or Print): Allen Gustav Lind

2. DATE AND HOUR OF DEATH: July 19, 1970 | 1:15 p.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3100 Wyman Park Drive USPHS Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 2505
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4604 Prudence St., Baltimore, Md. 21225

5. SEX: Male
6. RACE: Cau
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Dec. 7, 1897
9. AGE (In years last birthday): XX 72
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 3rd Mate
10B. KIND OF BUSINESS OR INDUSTRY: Seafarer
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? ~~XXXXXX~~ USA

13. FATHER'S NAME: John G. Lind
14. MOTHER'S MAIDEN NAME: Emma Lindquist

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 434-12-9939
17. INFORMANT: Patricia Necessary-716 Griffith Rd
ADDRESS: Records, USPHS Hospital, Baltimore, Md. Glen Burnie, Md.

CAUSE OF DEATH

MEDICAL CERTIFICATION

1B. 441.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Ruptured aortic aneurysm — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years
DUE TO, OR AS A CONSEQUENCE OF:
(B) ASCVD — years
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from May 28 19 51 to July 10 19 70, that (~~I~~ we) last saw the deceased alive on July 10 19 70 and that in (~~my~~ our) opinion death occurred on the date and hour and from the causes stated above. ~~I~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Gary E. Feldman M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: July 20, 1970
23C. PHYSICIAN'S NAME (Type): GARY E. FELDMAN, S.A. Surg (R) DEGREE
23D. ADDRESS: USPHS Hospital, Baltimore, Md. 21211

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-22-70
24C. NAME of CEMETERY or CREMATORY: Woodlawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970
25B. NAME OF REGISTRAR: Robert E. Tasker, M.D.
25C. FUNERAL DIRECTOR: Armacost Funeral Chapel
ADDRESS: 4600 Liberty Hts

VS 150-REV. 1/1/68

57-27-61 djs

M-632 70 7337

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7337

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Murdock, Margaret

2. DATE AND HOUR OF DEATH: 7/21/70 11⁰⁵ A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 806
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1604 North Dallas Street 21205

5. SEX: Female
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 3-8-35
9. AGE (In years last birthday): 35
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS: 4940 Eastern Avenue BCH Records Baltimore, Maryland 21224

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

18. 796.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory Arrest
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?:
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?:

22. I certify that (I) (this hospital) attended the deceased from 7-21 19 70 to 7-21 19 70 that (I) (we) last saw the deceased alive on 7-21 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. Wisneski DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: July 21, 1970
23C. PHYSICIAN'S NAME (Type): J. Wisneski M.D. DEGREE
23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/27/70
24C. NAME of CEMETERY or CREMATORY: Mt Calvary Cemetery
24D. LOCATION (City, town, or county) (State): Anne Arundel Ctyl, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 23 1970
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: Wm C March ADDRESS: 928 E. North Ave.

VS 150-REV. 1/1/68

B-620 70 7338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7338

BIRTH NO.

1. NAME OF DECEASED (Type or Print) OLIVIA MYRTLE (Nancy) BURCH

2. DATE AND HOUR OF DEATH 7/19/70 7:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 90

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Midtown Home, Inc. 808 St. Paul Street Baltimore, Maryland 21202

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY: Harford 62-00

C. CITY OR TOWN: Edgewood

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2041 Rockwell Street

5. SEX: F

6. RACE: W

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 7/22/21

9. AGE (In years last birthday): 48

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Selma, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis Duncan

14. MOTHER'S MAIDEN NAME: Olivia Myrtle Pendleton

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-14-7819

17. INFORMANT: George P. Bearch, ADDRESS: Sandy Hook Road, Street, Md

MEDICAL CERTIFICATION

18. 162.1 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardio Respiratory failure

DUE TO, OR AS A CONSEQUENCE OF:

(B) Primary Carcinoma of Lung — 10 mos

DUE TO, OR AS A CONSEQUENCE OF:

(C) Generalized Metastasis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 14 1970 to July 19 1970, that (I) (we) last saw the deceased alive on July 19 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We (did)~~) (did not) view the body after death.

23A. SIGNATURE: William Appleford DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type): William Appleford DEGREE

23D. ADDRESS: 6615 Reisterstown Rd

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: July 22, 1970

24C. NAME of CEMETERY or CREMATORY: Bel Air Memorial Gardens

24D. LOCATION (City, town, or county): Bel Air (State): Harford Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 24 1970

25B. NAME OF REGISTRAR: Robert E. Fisher M.D.

25C. FUNERAL DIRECTOR: Howard K. McComas & Son, ADDRESS: Abingdon, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-450 70 7339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7339

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Hallam, Hattie M.

2. DATE AND HOUR OF DEATH: 7/18/70 | 6:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital of Baltimore

42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 21215 2719

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 3001 Manhattan Ave.

5. SEX: Female 6. RACE: White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 30 Sept 1895 9. AGE (In years last birthday): 74 If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Connecticut 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Lee 14. MOTHER'S MAIDEN NAME: Leila Converse

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214 01 1679

17. INFORMANT: Theobald Hallam ADDRESS: same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: C.V.A. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Multiple emboli — "

DUE TO, OR AS A CONSEQUENCE OF:

(C) Fibrillation — "

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Occlusion of vessel of (L) arm — "

19A. DATE OF OPERATION: 7/16/70 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: (L) brachial artery occlusion

20A. AUTOPSY? (Yes or No): Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/16 19 70 to 7/18 19 70 that (I) (we) last saw the deceased alive on 7/18 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. at 6:15 P.M.

23A. SIGNATURE: Albert J. Merner M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 7/18/70

23C. PHYSICIAN'S NAME (Type): Albert J. Merner M.D. DEGREE

23D. ADDRESS: Sinai Hospital of Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 22 July 70 24C. NAME of CEMETERY or CREMATORY: Baltimore Nat'l Cem. 24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 24 1970 25B. NAME OF REGISTRAR: Robert E. Talbert, M.D. 25C. FUNERAL DIRECTOR: Burgee Funeral Home ADDRESS: Balto, Md

per Walter V. Benso

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

P-420 70 7340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7340

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles R. Polk Sr.

2. DATE AND HOUR OF DEATH: 7/22/70 | 3:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION — (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 925 Ramsay St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 2102
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 925 Ramsay St.

5. SEX: M.
6. RACE: W.
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Jan 1, 1889
9. AGE (In years last birthday): 81
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: Cellular Machine Corp.
11. BIRTHPLACE (State or foreign country): Balt. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William M. Polk
14. MOTHER'S MAIDEN NAME: Mary ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT: William Polk
ADDRESS: 925 Ramsay St. 21223

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 492X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cor Pulmonale — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 12 days
DUE TO, OR AS A CONSEQUENCE OF:

(B) Pulmonary Emphysema — 14 years
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 11/9 1953 to 7/22 1970 that (I) (~~we~~) last saw the deceased alive on 7/21 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: John P. Urlock Jr MD — DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7-22-70
23C. PHYSICIAN'S NAME (Type): JOHN P. URLOCK Jr MD — DEGREE
23D. ADDRESS: 1227 Washington Blvd

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/24/70
24C. NAME of CEMETERY or CREMATORY: Glen Haven Mem.
24D. LOCATION (City, town, or county) (State): Glen Burnie Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 24 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: John J. Bowman & Son Inc
ADDRESS: 221 St. Paul St. Baltimore, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. R-263 70 7341

REG. NO. 70 7341

1. NAME OF DECEASED (Type or Print): C.Marie Rexroth.

2. DATE AND HOUR OF DEATH: July 20,1970 8:30 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 277 W 31st St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1207
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES [x] NO [ ]
E. STREET AND NUMBER: 277 W.37th St.

5. SEX: FEMale. 6. RACE: White. 7. MARRIED [x] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 6-14-96 9. AGE (In years last birthday): 74 If Under 1 Yr. Months Days Hours Min. If Under 24 Hrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.
10B. KIND OF BUSINESS OR INDUSTRY: --------
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): ----- (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: 215-10-2359B
17. INFORMANT: Roland L.Rexroth. ADDRESS: 277 W.31st St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 250.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Cerebral vascular accident with hemiplegia (right)	4 wks.
DUE TO, OR AS A CONSEQUENCE OF: (B)	Diabetes mellitus	18 yrs.
DUE TO, OR AS A CONSEQUENCE OF: (C)	Arteriosclerotic cardiovascular disease	10 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from March 1964 to July 20, 1970, that (I) (~~we~~) last saw the deceased alive on July 19, 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Lloyd E. Saylor M.D. DEGREE Attending Phys. [x] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: July 21, 1970
23C. PHYSICIAN'S NAME (Type): Lloyd E. Saylor, M. D. DEGREE
23D. ADDRESS: 3902 Greenmount Avenue

24A. BURIAL CREMATION, REMOVAL (Specify): Burial.
24B. DATE: 7-23-70
24C. NAME of CEMETERY or CREMATORY: Lake View Memorial Park.
24D. LOCATION (City, town, or county) (State): Carroll Co.

25A. DATE REC'D BY HEALTH DEPT.: JUL 24 1970
25B. NAME OF REGISTRAR: Robert E. Tankey, M.D.
25C. FUNERAL DIRECTOR: Paul E.Chenoweth Jr ADDRESS: 3615 Chestnut Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

277 W 31st St.

1

L-516 70 7342

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 70 7342

1. NAME OF DECEASED (Type or Print): ELSIE ~~LOMBERT~~ (LAMBERT)

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 7 Day 23 Year 1970 Hour 8:55 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
1415 ~~1412~~ W. Balto. St. Apt. 6 3rd fl.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY 1902

6. SEX: Female
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 7/12/1922
10. AGE (In years last birthday): ~~40~~ 48
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 1415 ~~1412~~ W. Balto. St. Apt. 6 3rd fl.

11. BIRTHPLACE (State or foreign country): W. Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ace Lambert

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress
14B. KIND OF BUSINESS OR INDUSTRY: Restaurant
15. MOTHER'S MAIDEN NAME: Frances Landis

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 216-18-8347
18. INFORMANT: Mrs Sharon Pilkerton ADDRESS 7347 Glyndon Ave

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4124

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23.
I certify that I held an inquiry ☐ inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE Charles S. Springate M.D.
EXAMINER'S NAME (Type) Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED 7-23-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/25/70
24C. NAME of CEMETERY or CREMATORY: Glen Haven Cem.
24D. LOCATION (City, town, or county) (State): Glen Burnie Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 24 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: John J. Gowan & Son Inc
ADDRESS 901 Hollins St. 23, Md.

VS 151-REV. 1/1/68

Letter from M.E.'s office 9-16-70 M.H.

M-636 70 7343

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7343

1. NAME OF DECEASED (Type or Print): James Scott Merritt

2. DATE AND HOUR OF DEATH: July 22, 1970 4:15 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

3100 Wyman Park Drive, USPHS Hospital
Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Kansas
B. COUNTY: V-14
C. CITY OR TOWN: Shawnee Mission
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 6508 Overhill Road

5. SEX: Male

6. RACE: Cau

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Sep. 27, 1915

9. AGE (In years last birthday): 54

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Executive Consultant

10B. KIND OF BUSINESS OR INDUSTRY: Merritt Foods, Inc.

11. BIRTHPLACE (State or foreign country): Arkansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elmer P. Merritt

14. MOTHER'S MAIDEN NAME: Agnes Josephine Scott

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes

(If yes, give war or dates of service): USAR 1951-1953 & 1943-1945

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Records, USPHS Hospital, Baltimore, Md.21211

ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

153.8

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Broncho pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: days

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Metastatic adeno carcinoma of colon — years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from June 15 19 70 to July 22, 19 70 that I (we) last saw the deceased alive on July 22 19 70 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gary E. Feldman M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: July 22, 1970

23C. PHYSICIAN'S NAME (Type): GARY E. FELDMAN, S.A. Surg (R) DEGREE

23D. ADDRESS: USPHS Hospital, Baltimore, Maryland 21211

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-25-70

24C. NAME of CEMETERY or CREMATORY: Mt. Moriah Cemetery

24D. LOCATION (City, town, or county) (State): Kansas City Missouri

25A. DATE REC'D BY HEALTH DEPT.: JUL 24 1970

25B. NAME OF REGISTRAR: Robert E. Fisher, M.D.

25C. FUNERAL DIRECTOR: Wm. Cook-Brooks Towson, Inc.

ADDRESS: Towson, Maryland

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-530

BIRTH NO. 70 7344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7344

1. NAME OF DECEASED (Type or Print): SMITH HENRY

2. DATE AND HOUR OF DEATH: JULY 22 1970 | 11:00AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION — (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST AGNES HOSPITAL

40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: Balto. Co. 53-00

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 1708 RITTENHOUSE AVENUE 21227

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 05/18/90

9. AGE (In years last birthday): 80

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OILER

10B. KIND OF BUSINESS OR INDUSTRY: SUGARY REFINERY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES

(If yes, give war or dates of service): WW1

16. SOCIAL SECURITY NO.: 212 09 6355

17. INFORMANT: ST AGNES HOSPITAL

ADDRESS: BALTO MD 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: MYOCARDIAL INFARCTION

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) BRONCHIAL PNEUMONIA

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 07/07/70 19 to 07/22/70 19 that (I) (we) last saw the deceased alive on 07/22/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Pricha Boonswang, M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 07-22-70

23C. PHYSICIAN'S NAME (Type): DR. PRICHA BOONSWANG DEGREE

23D. ADDRESS: ST. AGNES HOSP; CATON & WILKENS AVES. BALTO. MD 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/24/70

24C. NAME of CEMETERY or CREMATORY: Baltimore National Com.

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 24 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Ambrose Inc. 1328 Sulphur Sp. Rd.

ADDRESS

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

FUNEAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such, written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. W-623 70 7345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7345

1. NAME OF DECEASED (Type or Print): Mary BERTHA WRIGHT

2. DATE AND HOUR OF DEATH: July 20, 1970 | 6:45 A. M.

CERTIFICATE AMENDED

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF IN HOSPITAL, GIVE NAME OF HOSPITAL OR INSTITUTION; IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 7-31-70 OO 4354 Parkside Drive

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. 21206
B. COUNTY: 2642
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4354 Parkside Drive

5. SEX: female
6. RACE: white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1/26/20
9. AGE (In years last birthday): 50
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10B. KIND OF BUSINESS OR INDUSTRY: City Schools
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Elmer Regler
14. MOTHER'S MAIDEN NAME: Frieda Segelhorth
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-12-3715
17. INFORMANT: Preston Wright, Jr., husband, above — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Metastatic Carcinoma Liver — 2 months.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Primary - probably adrenal gland — —
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): None

19A. DATE OF OPERATION: July 2, 1970
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Hepatomegaly + Jaundice
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 13 1970 to July 11, 1970 that (I) (we) last saw the deceased alive on July 19, 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Patrick C. Phelan Jr. MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: July 20, 1970
23C. PHYSICIAN'S NAME (Type): Patrick C. Phelan Jr. MD DEGREE
23D. ADDRESS: 7501 York Road Towson Md 21204

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/23/70
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 24 1970
25B. NAME OF REGISTRAR: Robert E. Jaeger M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. — ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. F-432 70 7346 REG. NO. 70 7346

1. NAME OF DECEASED (Type or Print): CLYDE R. FLETCHER

2. DATE AND HOUR OF DEATH: JULY 21, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 UNION MEMORIAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD B. COUNTY: BALTO 53-06
C. CITY OR TOWN: ESSEX D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: 1117 FUSELAGE AVE

5. SEX: M 6. RACE: W 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7/28/22 9. AGE (In years last birthday): 47 If Under 1 Yr. Months: Days: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: STEEL
11. BIRTHPLACE (State or foreign country): PA.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ALVIN D. FLETCHER
14. MOTHER'S MAIDEN NAME: MINNIE DIEHL

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNK. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 217-12-2104
17. INFORMANT: DORTHULA FLETCHER ADDRESS: ABOVE

MEDICAL CERTIFICATION

18. 162.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE: respiratory insufficiency — 1 wk
DUE TO, OR AS A CONSEQUENCE OF:
(B) metastatic carcinoma — 6 mos
DUE TO, OR AS A CONSEQUENCE OF:
(C) carcinoma lung — Known 6 mos

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____, that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Paul M. Leand MD DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7/21/70
23C. PHYSICIAN'S NAME (Type): PAUL M. LEAND MD DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): REMOVAL
24B. DATE: 7/23/70
24C. NAME of CEMETERY or CREMATORY: WHIPSCOVE CHRISTIAN CEM
24D. LOCATION (City, town, or county) (State): HARRISONVILLE PA.

25A. DATE REC'D BY HEALTH DEPT.: JUL 24 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: J. H. Connelly Sons ADDRESS: 3007 Yadkin Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

6-324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7347 REG. NO. 70 7347

1. NAME OF DECEASED (Type or Print): Sarela SABELA GOYTIZOLO

2. DATE AND HOUR OF DEATH: 7/23/70 11:40 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 6813 STURBRIDGE ROAD 2737

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH: 5-8-06
9. AGE (In years last birthday): 64
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Peru
12. CITIZEN OF WHAT COUNTRY? Peru
13. FATHER'S NAME: WILLIAM GOYTIZOLO
14. MOTHER'S MAIDEN NAME: ELOISA ANZARDO
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mario Luque ADDRESS: 6813 Sturbridge Dr. Balto. Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

*(A) IMMEDIATE CAUSE: Arteriosclerotic coronary artery disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 years

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Diabetes mellitus

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/21 19 70 to 7/23 19 70 that (I) (we) last saw the deceased alive on 7/23 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Douglas L. Hurley M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7/23/1970
23C. PHYSICIAN'S NAME (Type): Douglas L. Hurley, M.D. DEGREE
23D. ADDRESS: 627 N. Castle St, Baltimore, Md 21205

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/29/70
24C. NAME of CEMETERY or CREMATORY: National Cemetery
24D. LOCATION (City, town, or county) (State): Lima, Peru

25A. DATE REC'D BY HEALTH DEPT.: JUL 24 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Rück Inc. Balto. Md. ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-536 70 7348

REG. NO. 70 7348

1. NAME OF DECEASED (Type or Print): Anderson, Mary

2. DATE AND HOUR OF DEATH: July 22 1970 9 45 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 House In The Pines N. H. 2525 W. Belvedere Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2717
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3004 Oakley Ave

5. SEX: F
6. RACE: N.
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 2-13-15
9. AGE (In years last birthday): 55
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Wilson, North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sandy Davis
14. MOTHER'S MAIDEN NAME: Hattie Davis

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. May Wyatt ADDRESS: 730 E. North Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

250.9

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Renal failure chronic	6 mo.
DUE TO, OR AS A CONSEQUENCE OF:	Diabetes mellitus	25 yr.
(B)	Menopotsy	6 mo.
DUE TO, OR AS A CONSEQUENCE OF:	Arteriosclerosis	25 yr.
(C)		

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 4/20/70 19 to 7/22/70 19, that (I) (we) last saw the deceased alive on 7/14/70 19 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Lester Kolman MD DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/22/70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/27/70
24C. NAME of CEMETERY or CREMATORY: Western Star Cem.
24D. LOCATION (City, town, or county) (State): Catonsville, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 24 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Morton & Dyott F.H.
ADDRESS: 1701 Laurens St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Called nursing home has D.M. + A.C.V.D.
for 25 yrs. - 7-28-70 G.H.

C-200 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7349 REG. NO. 70 7349

1. NAME OF DECEASED (Type or Print): LOTTIE A. COOKS

2. DATE AND HOUR OF DEATH: 7/23/70 5:20 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hospital 43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 2201
C. CITY OR TOWN: BALTO
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 121 WELCOME ALLEY

5. SEX: F
6. RACE: C
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: JUNE 8-1907
9. AGE (In years last birthday): 63
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): CHESTERFIELD COUNTY
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILBERT SCOTT
14. MOTHER'S MAIDEN NAME: IDA

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MARY BUTLER
ADDRESS: 3026 HANKON AV

MEDICAL CERTIFICATION

18. 093.9

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CIRRHOSIS OF THE LIVER
DUE TO, OR AS A CONSEQUENCE OF:

(B) LUES.
DUE TO, OR AS A CONSEQUENCE OF:

(C) ARTERIO SCLEROTIC CARDIO VASCULAR DISEASE.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

NON MEGALOBLASTIC MACROCYTIC HYPO CHRONIC ANEMIA.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 70 to ____ 19 ____ that (I) (we) last saw the deceased alive on 7/20/70 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7/23/70.
23C. PHYSICIAN'S NAME (Type): ESPINOZA. DEGREE
23D. ADDRESS: 3001 S. Hanover St

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/27/70
24C. NAME of CEMETERY or CREMATORY: Mt Calvary
24D. LOCATION (City, town, or county) (State): Baltimore 21225

25A. DATE REC'D BY HEALTH DEPT.: JUL 24 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: [signature]
ADDRESS: 638 N Gilmor St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

N-0001
N-100

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 7350 REG. NO. 70 7350

1. NAME OF DECEASED (Type or Print): EUGENE NEWEY Newby

2. DATE OF DEATH: Known [X] Estimated [ ] Month July Day 18 Year 1970 Hour M.

3. DATE PRONOUNCED DEAD: Month July Day 18 Year 1970 Hour 5:55 P M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1700 N. Milton Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 802
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1700 N. Milton Avenue

6. SEX: Male
7. RACE: Negro
8. MARITAL STATUS: MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]

9. DATE OF BIRTH: 12-5-17.
10. AGE (In years last birthday): 51
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Eugene Newby.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Julia Kelly

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
17. SOCIAL SECURITY NO.:
18. INFORMANT: Ethel Keys ADDRESS: 1213 Curley St

MEDICAL CERTIFICATION

19. 412.2

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Hypertensive and arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION:
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: July 19, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-22-70
24C. NAME OF CEMETERY or CREMATORY: Mt Auburn Cem
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 24 1970
25B. NAME OF REGISTRAR: Robert E. Foley, M.D.
25C. FUNERAL DIRECTOR: Rayner Sanders ADDRESS: 217 E. Preston St

VS 151-REV. 1/1/68

BIRTH NO. D-120 70 7351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7351

1. NAME OF DECEASED (Type or Print): Cora Davis

2. DATE AND HOUR OF DEATH: 7-23-70 11:55 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Mt Sinai Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 15/12

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2802 Ulman Avenue

5. SEX: Female

6. RACE: Negroid

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 12-8-97

9. AGE (In years last birthday): 72

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fordman Dawson

14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 240-01-0364D

17. INFORMANT: Kathleen Bunch ADDRESS: 1803 Pulaski Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gastro Intestinal Bleeding

DUE TO, OR AS A CONSEQUENCE OF: Source Undetermined

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C) Anemia

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1968 to July 23 1970 that (I) (we) last saw the deceased alive on July 23 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Louis T. Lavy M.D. DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: July 24 1970

23C. PHYSICIAN'S NAME (Type): LOUIS T. LAVY M.D. DEGREE

23D. ADDRESS: 3502 W. Rogers Ave Baltimore Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-28-70

24C. NAME of CEMETERY or CREMATORY: Old Mill Cemetery

24D. LOCATION (City, town, or county) (State): Wayne County, N.C.

25A. DATE REC'D BY HEALTH DEPT.: JUL 24 1970

25B. NAME OF REGISTRAR: Robert E. Talley M.D.

25C. FUNERAL DIRECTOR: V. Bailey Kelson F.H. ADDRESS: 1348 N. Calhoun St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

K-460 70 7352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7352

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Chalmers H. Keller, Sr.
KELLER CHALMERS H.

2. DATE AND HOUR OF DEATH: July 22nd 1970 | 12 noon M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Union Memorial Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
The Union memorial hospital
33rd and Calvert Streets
Maryland 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore Co
C. CITY OR TOWN: Dundalk
Baltimore, Maryland
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 7307 Martell Ave.
7307 Martell avenue

5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 01-20-11
9. AGE (In years last birthday): 59 years
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WELDER
10B. KIND OF BUSINESS OR INDUSTRY: Continental Products Co.
11. BIRTHPLACE (State or foreign country): Pennsylvania
Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U. S. A.
AMERICA
13. FATHER'S NAME: Isaac J. Keller
14. MOTHER'S MAIDEN NAME: ELLA YOCKEY
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-09-0696
17. INFORMANT (Wife) ADDRESS 7307 Martell Ave.
Mrs. Bertha A. Keller, Dundalk, Md. 21222

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Cardiac failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Peritonitis
DUE TO, OR AS A CONSEQUENCE OF:
(C) Intestinal perforation secondary to colon disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: July 6th 1970
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Perforation Ileum
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): no
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): no
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 30th 1970 19 ___ to 22nd July 1970 that (I) (we) last saw the deceased alive on 22nd July 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Y K Shetty M.B.B.S. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 22nd July 1970
23C. PHYSICIAN'S NAME (Type): Y.K. SHETTY DEGREE
23D. ADDRESS: Union memorial hospital Baltimore, Maryland 21218.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-25-70
24C. NAME of CEMETERY or CREMATORY: Oak Lawn
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland
25A. DATE RECD BY HEALTH DEPT. JUL 24 1970 JUL 24 1970
25B. NAME OF REGISTRAR: R.B.E. Jr. M.D.
25C. FUNERAL DIRECTOR: John J. Duda ADDRESS 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

52-17-88 j

C-120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7353 X REG. NO. 70 7353

1. NAME OF DECEASED (Type or Print): Elsie Capps Elsie I. Capps

2. DATE AND HOUR OF DEATH: 7/23/70 1:50 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3 Baltimore City Hospital, 4940 Eastern Avenue, Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore Co 53-00
C. CITY OR TOWN: Fort Howard, Baltimore
D. INSIDE CITY LIMITS? YES [ ] NO [X]
E. STREET AND NUMBER: 36 Denton Avenue Rm 10 21219

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 10/5/04
9. AGE (In years last birthday): 65
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland ?
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Gude
14. MOTHER'S MAIDEN NAME: Elizabeth Bochmann

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
If yes, give war or dates of service:
16. SOCIAL SECURITY NO. 217-018-6855
17. INFORMANT: BCH Records: ADDRESS: 4940 Eastern Avenue Baltimore, Md. 21224

MEDICAL CERTIFICATION

18. 582 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardiac Arrest — 5 mins
DUE TO, OR AS A CONSEQUENCE OF:
(B) Pericarditis - acute decomp CHF — 30 days
DUE TO, OR AS A CONSEQUENCE OF:
(C) Chronic renal failure, uremia & Thrombocytopenia — 9 yrs

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/22 19 70 to 7/23 19 70 that (I) (we) last saw the deceased alive on 1:30 7/23 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Michael W. Pozen, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7/23/70
23C. PHYSICIAN'S NAME (Type): Michael W. POZEN MD DEGREE
23D. ADDRESS: Baltimore City Hosp. 4940 Eastern Ave., Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/27/70
24C. NAME of CEMETERY or CREMATORY: Gardens of Faith Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 24 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: John J. Duda, ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-552 70 7354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 7354

1. NAME OF DECEASED (Type or Print): MAJOR McKINLEY SIMMONS

2. DATE AND HOUR OF DEATH: July 20, 1970 — 2 20 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIV. OF MARYLAND
38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Harford Co 62-00
C. CITY OR TOWN: CHURCHVILLE
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: RT 1 Box 111

5. SEX: Male
6. RACE: Caucasian
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Feb. 8, 1897
9. AGE (In years last birthday): 73
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Govt. (Ret)
11. BIRTHPLACE (State or foreign country): Wilkes County, N.C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Henry Simmons (D)
14. MOTHER'S MAIDEN NAME: Sarah Ellen Hanks (D)
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-22-0536
17. INFORMANT: Amelia Blanche Simmons, ADDRESS: Churchville, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIORESP FAILURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 MIN

DUE TO, OR AS A CONSEQUENCE OF: BILATERAL PNEMONIA — 5 DAYS

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C) LEUKEMIA — 1 YEAR

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): NONE

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (~~this hospital~~) attended the deceased from 7-16 19 70 to 7-20 19 70 that (I) (~~we~~) last saw the deceased alive on 7-20 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: J Allan MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7/20/70
23C. PHYSICIAN'S NAME (Type): JAMES ALLAN MD DEGREE
23D. ADDRESS: UNIV OF MARYLAND

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-23-70
24C. NAME of CEMETERY or CREMATORY: Oak Grove Baptist Cemetery
24D. LOCATION (City, town, or county) (State): Bel Air, Harford Co. Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 24 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Wilson Macomb Jr. ADDRESS: Tarring Funeral Home, Aberdeen, Md. 21001

VS 150-REV. 1/1/68

B-000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7355

BIRTH NO. 70 7355

1. NAME OF DECEASED (Type or Print): Miss Nettie Mabel Bay

2. DATE AND HOUR OF DEATH: July 23, 1970 | 9:30 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Keswick Home For Incurables of Balto. City 700 West 40th St. 21211

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: ~~(XXXXXX)~~ Baltimore City 1202
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: St. Paul Court ~~700 West 40th Street Balto 21211 Md.~~

5. SEX: F.
6. RACE: W.
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: June 7, 1878
9. AGE (In years last birthday): 92 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Reg. Nurse
10B. KIND OF BUSINESS OR INDUSTRY: Nursing Hosp.
11. BIRTHPLACE (State or foreign country): Hardford County, MD.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Thomas Andrew Bay
14. MOTHER'S MAIDEN NAME: Margaret Cairnes
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 218-52-0769
17. INFORMANT: Miss. Donnie M. Bay, Keswick Files — ADDRESS: 415 Terrace Way, 700 W. 40th St. Towson, Md. 21204

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — 1B. 412.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic CVD
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: White At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from April 1958 to 23 July 1970, that (I) (we) last saw the deceased alive on 23 July 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Harold P. Biehl M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/23/1970
23C. PHYSICIAN'S NAME (Type): Harold P. Biehl, M.D. DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/25/1970
24C. NAME of CEMETERY or CREMATORY: Bethel
24D. LOCATION (City, town, or county) (State): Madonna, Harford, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 24 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Charles E. Kurtz — ADDRESS: Jarrettsville, Md. 21084

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

3120 St. Paul St.

C-640 70 7358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 7356

BIRTH NO.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Carroll, Charles Edward

2. DATE AND HOUR OF DEATH: 7/16/70 11:45 A.M. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital, 3900 Loch Raven Boulevard, Baltimore, Maryland 21218 — 23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Anne Arundle 52-10
C. CITY OR TOWN: Annapolis D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 91 Charles Street

5. SEX: Male 6. RACE: Negro 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]

8. DATE OF BIRTH: 12/18/17 9. AGE (In years last birthday): 52 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk 10B. KIND OF BUSINESS OR INDUSTRY: Roscoe Parker

11. BIRTHPLACE (State or foreign country): Annapolis, Md 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mack Carroll

14. MOTHER'S MAIDEN NAME: Priscilla Thompson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes If yes, give war or dates of service: 11/19/48 - 11/13/50

16. SOCIAL SECURITY NO.: 214-14-8707

17. INFORMANT: VA Hospital Records ADDRESS: 3900 Loch Raven Blvd., Balto., Md 21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — 149 X

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

DUE TO, OR AS A CONSEQUENCE OF:

(B) Hemorrhage & anemia — 24 hours

DUE TO, OR AS A CONSEQUENCE OF:

(C) Pharyngeal carcinoma — 4 months

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): awaiting surgery for closure of gastrotomy

19A. DATE OF OPERATION: 7/10/70 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: failure to maintain adequate nutrition 20A. AUTOPSY? (Yes or No): YES 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] 21F. HOW DID INJURY OCCUR?

22. I certify that (I (this hospital) attended the deceased from June 24th 19 70 to July 16th 19 70 that I (we) last saw the deceased alive on July 16th 19 70 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. (I (We) (did) (did not) view the body after death.

23A. SIGNATURE: Stephen P. Raskin, M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] 23B. DATE SIGNED: 7/17/70

23C. PHYSICIAN'S NAME (Type): STEPHEN P. RASKIN, M.D. DEGREE 23D. ADDRESS: 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 7-20-70 24C. NAME of CEMETERY or CREMATORY: Annapolis Neck 24D. LOCATION (City, town, or county): Anne Arundel Co (State): Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 24 1970 25B. NAME OF REGISTRAR: Robert E. Faber, M.D. 25C. FUNERAL DIRECTOR: C.E. Hicks, 111 30 W. Washington St, Anna, Md ADDRESS

VS 150-REV. 7/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Z-562

BIRTH NO. 70 7357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7357

1. NAME OF DECEASED (Type or Print): James H.S.R Zimmers

2. DATE AND HOUR OF DEATH: 7/23/70 | 9:25 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Church Home + Hosp. 35

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: Hartford Co. 62-00
C. CITY OR TOWN: Joppa
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 2403 Beverly Drive

5. SEX: male
6. RACE: white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5/27/17
9. AGE (In years last birthday): 53
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clerk, production
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MD
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry Zimmers
14. MOTHER'S MAIDEN NAME: Grace Harmon

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
If yes, give war or dates of service:
16. SOCIAL SECURITY NO.: 219 01 2698
17. INFORMANT: pat.'s hosp. chart
ADDRESS:

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ca of the lung w metastasis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1/2 to 1 year

DUE TO, OR AS A CONSEQUENCE OF:

(B) chron. nicotine abuse — 30 years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). thrombophlebitis of leg — 7 days

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/22 19 70 to 7/23 19 70 that (I) (we) last saw the deceased alive on 7/23 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: W. B. Maniago Jr, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7/23/70
23C. PHYSICIAN'S NAME (Type): WILMA B. MANIAGO M.D. DEGREE
23D. ADDRESS: CHH

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/25/70
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 24 1970
25B. NAME OF REGISTRAR: Robert E. Foster, M.D.
25C. FUNERAL DIRECTOR: C.F. EVANS & SON
ADDRESS: 8802 Harford rd.

VS 150-REV. 1/1/68

BIRTH NO. H-430 70 7358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7358

1. NAME OF DECEASED (Type or Print): HOLT, ERNEST

2. DATE AND HOUR OF DEATH: 7/22/70 6:00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland Univ. Hosp. 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore 21201
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 540 W. Mulberry St. 1701

5. SEX: M 6. RACE: N 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] 8. DATE OF BIRTH: 7/6/27 9. AGE (In years last birthday): 43 If Under 1 Yr. Months Days Hours Min. If Under 24 Hrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stevedore 10B. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): Md. 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Holt 14. MOTHER'S MAIDEN NAME: UNK. Bake Lawrence

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) UNK. (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. UNK 17. INFORMANT: Joe Lee Williams ADDRESS: 1404 E Lanvale

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 161.9 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Arrest
DUE TO, OR AS A CONSEQUENCE OF:
(B) Carcinoma of Larynx
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Renal Failure

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Cancer of Larynx 20A. AUTOPSY? (Yes or No) NO ~~YES~~ 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] 21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (~~this hospital~~) attended the deceased from 6/23/70 19 70 to 7/22/70 19 ___ that (I) (we) last saw the deceased alive on 7/22 19 70 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: R. G. Mahony DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] 23B. DATE SIGNED: 7/22/70

23C. PHYSICIAN'S NAME (Type) DEGREE 23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: July 27/70 24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem 24D. LOCATION (City, town, or county) (State): Westport Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 24 1970 25B. NAME OF REGISTRAR: Robert E. Faber, M.D. 25C. FUNERAL DIRECTOR: Donald T. Erickson ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

S-000 70 7359

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 7359

1. NAME OF DECEASED (Type or Print): Bessie Shaw

2. DATE OF DEATH — Known ☐ Estimated ☐ — Month: 7 Day: 19 Year: 70 Hour: 9:48 a.m.

3. DATE PRONOUNCED DEAD — Month: 7 Day: 19 Year: 70 Hour: 9:48 am.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

FULL NAME OF HOSPITAL OR INSTITUTION: Bon Secour Hospital

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5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: 1901

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES ☒ NO ☐

6. SEX: female

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 2/28/1890

10. AGE (in years last birthday): 80

If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 1626 W. Lexington Street

11. BIRTHPLACE (State or foreign country): Wayne Co. North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Calvin Sutton

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Sylvania Sutton

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

17. SOCIAL SECURITY NO.: 217-12-5436-D

18. INFORMANT: Elijah Shaw — ADDRESS: 1626 Lexington St

MEDICAL CERTIFICATION

19. I — CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☐

ASSOCIATE MEDICAL EXAMINER ☒

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

DATE SIGNED: 7/20/70

24A. BURIAL CREMATION, REMOVAL (Specify): Removal

24B. DATE: 7/23/70

24C. NAME of CEMETERY or CREMATORY: Sharon Cemetery

24D. LOCATION (City, town, or county) (State): Wilson - North Carolina

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. Fisher, M.D.

25C. FUNERAL DIRECTOR: Arlington G. Phillips — ADDRESS: 1727 N. Monroe Street

VS 151-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

J-525 70 7360

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7360

1. NAME OF DECEASED (Type or Print): CHARLES S. JOHNSON, JR.

2. DATE AND HOUR OF DEATH: 7-19-70 | 8 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSP. BALTIMORE, MD

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: 1511
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3757 COLUMBUS DR.

5. SEX: M
6. RACE: N
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1-23-23
9. AGE (In years last birthday): 47
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): BALTIMORE
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CHARLES S. JOHNSON, SR.
14. MOTHER'S MAIDEN NAME: BETTY JOHNSON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes
(If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 214-18-7427
17. INFORMANT: Betty Johnson
ADDRESS: 3757 Columbus Dr

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(1) Acute MI, suspected
(2) 2° to ASCVD

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from JAN 19 70 to JULY 19 70 that I (we) last saw the deceased alive on 7/7 19 70 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) saw (did not) view the body after death.

23A. SIGNATURE: Norman B Rosen MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7/20/70
23C. PHYSICIAN'S NAME (Type): NORMAN B ROSEN, MD DEGREE
23D. ADDRESS: SINAI HOSPITAL BALTO, MD

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/23/70
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore, MD

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Arlington S. Phillips
ADDRESS: 1727 N. Monroe St

VS 150-REV. 1/1/68

H-540 70 7361

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7361

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): HAMMEL HENRY PHILLIP

2. DATE AND HOUR OF DEATH: 7/25/70 | 6:55 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 2505

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1615 CYPRESS ST.

5. SEX: M 6. RACE: W 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 7-31-1900 9. AGE (In years last birthday): 69 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY: BETH. STEEL CO

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN HAMMEL

14. MOTHER'S MAIDEN NAME: STEINBECH

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-05-7396

17. INFORMANT: JENNIE C. HAMMEL ADDRESS: 1615 CYPRESS ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CEREBRO VASCULAR ATTACK - (L) HEMIPLEGIA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

(B) GENERALIZED ARTERIOSCLEROSIS

DUE TO, OR AS A CONSEQUENCE OF:

(C) NEPHROSCLEROSIS

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: ANEMIA SECTION "C"

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/7/ 19 70 to 7/25 19 70 that (I) (we) last saw the deceased alive on 7/25 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 7-25-70

23C. PHYSICIAN'S NAME (Type): F. SPINOZA MD DEGREE

23D. ADDRESS: 3001 S. Hanover St.

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 7-29-70

24C. NAME of CEMETERY or CREMATORY: MEADOWRIDGE

24D. LOCATION (City, town, or county) (State): BALTIMORE MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: WEBER FUNERAL HOME ADDRESS: 5311 EDMONDSON AVE

VS 150-REV. 1/1/68

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P-230 70 7362

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 7362

1. NAME OF DECEASED (Type or Print): Kenneth L. Puckett Sr.

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month — Day — Year — Hour M.

3. DATE PRONOUNCED DEAD — Month 7 — Day 20 — Year 70 — Hour 7:40 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION — (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2742 St. Paul St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — B. COUNTY: 1206
C. CITY OR TOWN: Baltimore — D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2742 St. Paul St.

6. SEX: male
7. RACE: white
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: Oct.6,1917
10. AGE (In years last birthday): 52 — If Under 1 Yr. Months, Days; If Under 24 Hrs. Hours, Min.
11. BIRTHPLACE (State or foreign country): Fort Wayne, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Robert W. Puckett
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Belle
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes — (If yes, give war or dates of service): 7-1945 - 6-1946
17. SOCIAL SECURITY NO.: 265-16-3819
18. INFORMANT: Paul W. Puckett — ADDRESS: 13401 Adland St. Garden Grove, California 92640

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

303.8

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Chronic alcoholism
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION:
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. — Deputy Chief Medical Examiner — DATE SIGNED 7/21/70

24A. BURIAL CREMATION, REMOVAL (Specify): CREMATION
24B. DATE: 7/24/70
24C. NAME of CEMETERY or CREMATORY: Green Mount Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970 Robert E. Faber, M.D.
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Lilly & Zeiler, Inc. — ADDRESS: 1901 Eastern Ave. Balto. Md

VS 151-REV. 1/1/68

BIRTH NO. H-624 70 7363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7363

1. NAME OF DECEASED (Type or Print): HERSLOFF, SR. SIGURD NILES

2. DATE AND HOUR OF DEATH: 7/22/1970 7am M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Union Memorial Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33rd and Calvert Streets
Baltimore - Maryland 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Bailys Neck Road, Easton
C. CITY OR TOWN: Easton Maryland 21601
D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: Baileys Neck Road, Easton, Maryland 21601

5. SEX: Male
6. RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 05-10-93
9. AGE (In years last birthday): 77 y
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): not known
10B. KIND OF BUSINESS OR INDUSTRY: not known
11. BIRTHPLACE (State or foreign country): ~~[illegible]~~ NEW YORK
12. CITIZEN OF WHAT COUNTRY? AMERICA
13. FATHER'S NAME: NILS HERSLOFF
14. MOTHER'S MAIDEN NAME: LAURA LUCAS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): ~~[illegible]~~ W.W. I
16. SOCIAL SECURITY NO.: 143-01-0518
17. INFORMANT: MRS. SIGURD N. HERSLOFF, ADDRESS: EASTON, MD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Uraemia
DUE TO, OR AS A CONSEQUENCE OF:
(B) Carcinoma prostate and Bladder
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 7/8/1970
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Carcinoma bladder
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1st July 1970 to 22nd July 1970 that (I) (we) last saw the deceased alive on 21st July 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Y K Shetty DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 22nd July 1970
23C. PHYSICIAN'S NAME (Type): Y. K. SHETTY DEGREE
23D. ADDRESS: Union Memorial Hospital Baltimore, Maryland 21218.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7/24/1970
24C. NAME of CEMETERY or CREMATORY: OXFORD
24D. LOCATION (City, town, or county) (State): OXFORD, MD.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: NEWNAM FUNERAL HOME, ADDRESS: EASTON, MD.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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H241

BIRTH NO. 70 7364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7364

1. NAME OF DECEASED (Type or Print): Hayslup, Thomas Charles

2. DATE AND HOUR OF DEATH: July 29, 1970 | 07:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University of Maryland Hospital
38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1541
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 803 Clintwood Ct. #25
~~203 Greenhaven Street~~

5. SEX: Male
6. RACE: Caucasian
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Nov. 1906
9. AGE (in years last birthday): 63
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Hayslup
14. MOTHER'S MAIDEN NAME: Pauline Brown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-07-9118
17. INFORMANT: Mrs. Thomas Hayslup
ADDRESS: 803 Clintwood Ct. #25

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Poss. Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 45 mins.
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

410.9

19A. DATE OF OPERATION: None
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from July 17 1970 to July 29 1970 that (I) (we) last saw the deceased alive on July 29 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: H. E. Bondy, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: July 29, 1970
23C. PHYSICIAN'S NAME (Type): H. E. Bondy, M.D. DEGREE
23D. ADDRESS: Dept. of Surgery University Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): 7/27/70
24B. DATE:
24C. NAME of CEMETERY or CREMATORY: Mt Olivet Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Md.

26A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: McCully
ADDRESS: 3th + Patapsco Ave. Balt. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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H-634 70 7365

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7365

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MYRTLE V. ~~XXXXXX~~ HARTLEY

2. DATE OF DEATH — Known ☐ Estimated ☐ — Month — Day — Year — Hour M.

3. DATE PRONOUNCED DEAD — Month 7 — Day 22 — Year 1970 — Hour 4:30 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 South Baltimore General Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY:
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 119 W. Berry St. 22-01

6. SEX: Female
7. RACE: White
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: Feb. 12, 1934
10. AGE (in years last birthday): 36
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Allie Rodgers
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
14B. KIND OF BUSINESS OR INDUSTRY: Own Home
15. MOTHER'S MAIDEN NAME: Ola Roberts
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Lomax Funeral Home — ADDRESS: Virginia

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Fatty metamorphosis of the liver
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Charles S. Springate M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 7-23-70
EXAMINER'S NAME (Type): Charles S. Springate, M.D.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-25-70
24C. NAME of CEMETERY or CREMATORY: Oxford Presbyterian Cem.
24D. LOCATION (City, town, or county): Rockbridge County (State): Virginia

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Wm. Cook-Brooks Towson, Inc. — ADDRESS: Towson, Mary

VS 151-REV. 1/1/68

BIRTH NO. L-162 70 7366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7366

1. NAME OF DECEASED (Type or Print): EDWARD F. LA BERGE JR.

2. DATE AND HOUR OF DEATH: 7/23/70 | 10 30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospital

38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: BALTO. C. 53-00

C. CITY OR TOWN: Towson

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 1615 Dogwood ~~Hill~~ Rd

5. SEX: M

6. RACE: W

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7-13-23

9. AGE (In years lost birthday): 47

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Advertising

10B. KIND OF BUSINESS OR INDUSTRY: WJZ-TV

11. BIRTHPLACE (State or foreign country): Pa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward LaBerge Sr.

14. MOTHER'S MAIDEN NAME: Ruth Atkinson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 212-20-5357

17. INFORMANT: MRS. SONIA LA BERGE ADDRESS: SAME AS #4 B

MEDICAL CERTIFICATION

18. 238.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory arrest

DUE TO, OR AS A CONSEQUENCE OF:

(B) Thalamic tumor

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 7/20/70

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/10/70 19 to 7/23 1970 that (I) (we) last saw the deceased alive on 7/23 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: David M. Cook DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 7/23/70

23C. PHYSICIAN'S NAME (Type): David M. Cook MD DEGREE

23D. ADDRESS: University Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-27-70

24C. NAME of CEMETERY or ~~CREMATORY~~: Dulaney Valley Memorial

24D. LOCATION (City, town, or county) (State): Timonium Balt. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. Talbert

25C. FUNERAL DIRECTOR: Wm Cook-Brooks Towson Inc. ADDRESS: 1050 York Rd Towson Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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BIRTH NO. P-534 70 7367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7367

1. NAME OF DECEASED (Type or Print): PATRICIA ANN PENDLETON

2. DATE AND HOUR OF DEATH: 7/18/70 12 21 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SOUTH BALTO. GEN. HOSP. 3300 S. HANOVER ST. BALTO. MD 21230

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: 2303
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1700 LIGHT ST. 21230.

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5/10/31
9. AGE (In years last birthday): 39
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNEMPLOYED
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): TENN
12. CITIZEN OF WHAT COUNTRY? US.
13. FATHER'S NAME: MURPHY
14. MOTHER'S MAIDEN NAME: DEC (?)
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ALLEN B. CHRISTIANA ADDRESS: 1700 LIGHT ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: HEPATIC COMA. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 wks.
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) CIRRHOSIS, ALCOHOLIC.
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/12 1970 to 7/18 1970 that (I) (we) last saw the deceased alive on 7/18 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Martin J. Shuman M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7/18/70.
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/24/70
24C. NAME of CEMETERY or CREMATORY: Cedar Hill
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: George J. Gonce ADDRESS: 4001 Ritchie Hgy. Baltimore, Md. 21225

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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M-540 70 7368

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 7368

1. NAME OF DECEASED (Type or Print): Walter Manuel

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 7 Day 20 Year 70 Hour 9:50 a. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): City Hospitals

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Worcester
C. CITY OR TOWN: Pokomoke D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: Bonneville Ave. 7300

6. SEX: male
7. RACE: colored
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: Mar. 22, 1902
10. AGE (In years last birthday): 68
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Harry Giles

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY: Meat Mkt.
15. MOTHER'S MAIDEN NAME: Eleanor Manuel

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): —
17. SOCIAL SECURITY NO. 218-03-6619
18. INFORMANT: Louise Manuel ADDRESS: Pocomoke, Md.

MEDICAL CERTIFICATION

19. E 987X

I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchopneumonia complicating
~~DUE TO, OR AS A CONSEQUENCE OF:~~ cerebral damage

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ?
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): ?

22D. TIME OF INJURY (APPROX.) (Month) 6 (Day) 8 (Year) 70 (Hour) ? m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? fell apparently after consumption of alcohol.

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE [signature] M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 7/21/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-25-70
24C. NAME of CEMETERY or CREMATORY: Home Beneficial Cem.
24D. LOCATION (City, town, or county) Stockton (State) Wor. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Tabey, M.D.
25C. FUNERAL DIRECTOR: [signature]
ADDRESS: New Church, Va.

VS 151-REV. 7/1/68

N 254.0

4E

Pocomoke

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. D-500 70 7369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7369

1. NAME OF DECEASED (Type or Print): Marcellus Dean

2. DATE AND HOUR OF DEATH: 7-23-70 4:50pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SOUTH BALTIMORE GEN. HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission)
A. STATE: Maryland
B. COUNTY: 2552
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3001 Hanover St.

5. SEX: M
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12-6-04
9. AGE (In years lost birthday): 65
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BALTO. MARINE RAILWAY
10B. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? AMERICA

13. FATHER'S NAME: WILLIAM B. DEAN
14. MOTHER'S MAIDEN NAME: MARGARET WILLET

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-26-6852A
17. INFORMANT: Medical Record. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

154.0 & 250.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: PULMONARY EDEMA — 7
DUE TO, OR AS A CONSEQUENCE OF:
(B) CARCINOMA OF RECTOSIGMOID & Metastasis
DUE TO, OR AS A CONSEQUENCE OF:
(C) DIABETES MELLITUS.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): —

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-17 1970 to 7-23 1970, that (I) (we) last saw the deceased alive on 7-23 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: C. C. Ugorji M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7-23-70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: SOUTH BALTIMORE GEN. HOSP.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/27/70
24C. NAME of CEMETERY or CREMATORY: Mount Olivet Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore City, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Bailey M.D.
25C. FUNERAL DIRECTOR: Walters Funeral Home
ADDRESS: Pratt & Stricker Streets 21223

VS 150-REV. 1/1/68

B-626 70 7370

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 7370

1. NAME OF DECEASED (Type or Print): REBECCA BURUCKER

2. DATE AND HOUR OF DEATH: 7/21/70 2:50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: Balto. 5300

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3435 GAITHER Rd.

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 08 22 10 9. AGE (In years last birthday): 59 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10B. KIND OF BUSINESS OR INDUSTRY: House work

11. BIRTHPLACE (State or foreign country): Atlanta Geo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ARTHUR DONOHOO

14. MOTHER'S MAIDEN NAME: ESTELLE JENKINS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-01-1306

17. INFORMANT: Kenneth L. Burucker ADDRESS: 3435 Gaither Rd. 21207

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

733.01

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myasthenia gravis

DUE TO, OR AS A CONSEQUENCE OF:

(B) pneumonia-gram negative

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/1/70 19 70 to 7-21 19 70 that (I) (we) last saw the deceased alive on 7/21 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Joseph O. Moore DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]

23B. DATE SIGNED: 7/21/70

23C. PHYSICIAN'S NAME (Type): Joseph O. Moore DEGREE

23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Removal

24B. DATE: July 24, 70

24C. NAME of CEMETERY or CREMATORY: Loudon Park Cem.

24D. LOCATION (City, town, or county) (State): Balt. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: Loring Byers ADDRESS: 8728 Liberty Rd. Randallstown

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. S-312 70 7371 Registered No. 70 7371

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print): STOOPS, Robert Donald

2. DATE AND HOUR OF DEATH: 7-22-70 1:30P M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. Public Health Service Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Pennsylvania B. COUNTY: V-35

C. CITY OR TOWN (If outside city limits, write RURAL and give township): Mont Alto

D. STREET ADDRESS (If rural, give location): None

5. SEX: Male

6. RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

8. DATE OF BIRTH: 1-16-30

9. AGE (In years last birthday): 40

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Stoops

14. MOTHER'S MAIDEN NAME: Daisy Sheffler

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 186249720

17. INFORMANT: U.S. PHS Hospital; Balto., Md. 21211 ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

1B. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia — days

DUE TO

(B) Hodgkin's disease — 4 years

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Bleeding gastric ulcer — weeks

19A. DATE OF OPERATION: 7-1-70

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Bleeding gastric & duodenal ulcers

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from May 8 19 70 to July 22 19 70, that (I) (we) last saw the deceased alive on July 22 19 70 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: John C. Sutherland M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. XX

23B. DATE SIGNED: July 23

23C. PHYSICIAN'S NAME (Type)

23D. ADDRESS: M.D. U.S. PHS Hospital; Balto., Maryland 21211

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: July 25, 70

24C. NAME of CEMETERY or CREMATORY: Mt. Zion Cemetery

24D. LOCATION (City, town, or county) (State): Franklin Co. Penna.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. Farley, M.D.

25C. FUNERAL DIRECTOR: J. F. Eline & Sons ADDRESS: Reisterstown, Md.

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-620 70 7372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7372

1. NAME OF DECEASED (Type or Print): Charles Ferdinand Berick

2. DATE AND HOUR OF DEATH: July 24, 1970 8:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): US Public Health Service Hospital Wyman Pk. Drive & 31st Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 103
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 725 S. Rose St.

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Dec. 11, 1892
9. AGE (In years last birthday): 77
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10B. KIND OF BUSINESS OR INDUSTRY: Seafarer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Ferdinand Berick
14. MOTHER'S MAIDEN NAME: Lottie ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 22 12 0884
17. INFORMANT: Records - USPHS Hospital, Baltimore, Md.
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — 412.44 / 189.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Pulmonary edema	hour
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Aortic stenosis	years
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	Arteriosclerotic cardiovascular disease	years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Hypernephroma — 2 years

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 24 1970 to July 24 1970, that (I) (we) last saw the deceased alive on July 24 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Samuel P. Ward, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7-25-70
23C. PHYSICIAN'S NAME (Type): Samuel P. Ward, M.D. DEGREE
23D. ADDRESS: US PHS Hospital, Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-28-70
24C. NAME of CEMETERY or CREMATORY: Holy Cross Pk.
24D. LOCATION (City, town, or county) (State): Baltimore Co.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Jackson
25C. FUNERAL DIRECTOR: Raymond L. Kaczorowski
ADDRESS: 3525 Hunt St.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. P-620 70 7373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7373

1. NAME OF DECEASED (Type or Print): CATHERINE R. PARIS

2. DATE AND HOUR OF DEATH: July 20 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 205 S. WASHINGTON ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 201
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 205 S. WASHINGTON STREET

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [✓] DIVORCED [ ]
8. DATE OF BIRTH: Aug. 25 1876
9. AGE (In years last birthday): 93
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): GERMANY
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 215-10-1026A
17. INFORMANT: MR. ATTILIO CONCORDIA
ADDRESS: 205 S. WASHINGTON

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 433.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Terminal Broncho-Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7/17/70
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Cerebral Thrombosis, (Left Hemiplegia) — 9/5/67
DUE TO, OR AS A CONSEQUENCE OF:

(C) Arterial Hypertension — 5/14/70

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
Chronic Arthritis — ??

19A. DATE OF OPERATION: None
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: ----------
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept 5 1967 to July 20 1970, that (I) (we) last saw the deceased alive on July 20 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Joseph F. Drenga M.D. DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/22/70
23C. PHYSICIAN'S NAME (Type): Joseph F. Drenga, M.D. DEGREE
23D. ADDRESS: 209 S. Chester St; Baltimore, Md. 21231

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: July 24 1970
24C. NAME of CEMETERY or CREMATORY: St. Stanislaus Cemetery
24D. LOCATION (City, town, or county) (State): BALTIMORE MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D.
25C. FUNERAL DIRECTOR: Raymond L. Kaczorowski
ADDRESS: 2525 Fleet St.

VS 150-REV. 1/1/68

G-431

BIRTH NO. 70 7374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7374

1. NAME OF DECEASED (Type or Print): ABRAHAM GOLDBERG

2. DATE AND HOUR OF DEATH: 7/22/70 1 25 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1/2 SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 2831

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 6506 EBERLE AVE, APT. 201

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 3/30/02

9. AGE (In years last birthday): 68

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BOOKKEEPER

10B. KIND OF BUSINESS OR INDUSTRY: CATS PAW CO.

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: SAMUEL GOLDBERG

14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: MRS. DORA GOLDBERG

ADDRESS: 6506 EBERLE DR., APT. 201

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: VENTRICULAR Fibrillation

DUE TO, OR AS A CONSEQUENCE OF:

(B) Acute Myocardial Infarction

DUE TO, OR AS A CONSEQUENCE OF:

(C) ASCVD

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 7-14-70 19 to 7-22- 19 70 that (I) (~~we~~) last saw the deceased alive on 7/22/70 19 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Ralph Epstein MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 7/22/70

23C. PHYSICIAN'S NAME (Type): RALPH EPSTEIN MD DEGREE

23D. ADDRESS: SINAI HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 7-23-70

24C. NAME of CEMETERY or CREMATORY: PROGRESSIVE RUDOMER VEREIN

24D. LOCATION (City, town, or county) (State): ROSEDALE, MD.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNEURAL DIRECTOR: SOL LEVINSON & BROS.,

ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

P-164 70 7375

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7375

1. NAME OF DECEASED (Type or Print): KURT PAPERLE

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month July Day 22, Year 1970 Hour 9:50 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SIANI HOSPITAL

42

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1512

6. SEX: Male

7. RACE: White

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: MARCH 23, 1924

10. AGE (In years last birthday): 46

If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

E. STREET AND NUMBER: 3616 Park Heights Avenue

11. BIRTHPLACE (State or foreign country): POLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSEPH PAPERLE

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK

14B. KIND OF BUSINESS OR INDUSTRY: TOMMY TUCKER

15. MOTHER'S MAIDEN NAME: GESELLA ?

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): NO

17. SOCIAL SECURITY NO.: 219-26-1109

18. INFORMANT: MR. JOSEPH PAPERLE, ADDRESS: 3616 PARK HEIGHTS AVE. #15

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

412.2

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intracerebral Hemorrhage — IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B) Hypertensive Cardiovascular Disease
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 7/22/70

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 7-23-70

24C. NAME of CEMETERY or CREMATORY: SHAAREI ZION

24D. LOCATION (City, town, or county) (State): ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 151-REV. 3/1/68

T-520 70 7376

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7376

1. NAME OF DECEASED (Type or Print): Charles Lee Tung

2. DATE AND HOUR OF DEATH: 7-22-70 8:30 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

205 S. Wolfe Street
Baltimore, Md. 21231

00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: 201

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 205 S. Wolfe Street

5. SEX: M

6. RACE: Chinese

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [?] DIVORCED [ ]

8. DATE OF BIRTH: 8-28-1885

9. AGE (In years last birthday): 84

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laundryman or cook

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): China

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) DOUBTFUL (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-54-1498

17. INFORMANT: -cousin ADDRESS: Bing T. Lee, 312 Park Av., Balto. 21201

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: no

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: -

20A. AUTOPSY? (Yes or No): no

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? -

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): no

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): no

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): no

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): --

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]: --

21F. HOW DID INJURY OCCUR? --

22. I certify that (I) ~~(this hospital)~~ attended the deceased from 9-27-65 19 to 7-22-70 19, that (I) (~~we~~) last saw the deceased alive on 5-28-70 19 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We) (did)~~ (did not) view the body after death.

23A. SIGNATURE: C. C. Chiu DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 7-22-70

23C. PHYSICIAN'S NAME (Type): C. C. Chiu, M. D. DEGREE

23D. ADDRESS: 1 E. Randall Street, Baltimore, Md. 21230

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/24/70

24C. NAME of CEMETERY or CREMATORY: LORRAINE PARK CEMETERY

24D. LOCATION (City, town, or county) (State): Woodlawn, Balto. Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. Fabian M.D.

25C. FUNERAL DIRECTOR: STEWART & MOWEN CO. ADDRESS: 108 W. North Av.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

B-626 70 7377

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 7377

1. NAME OF DECEASED (Type or Print): HARVEY MILTON BRAUCHER

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year July 22,1970 Hour 8:52 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2806 Allen Dale Road

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1538

6. SEX: Male

7. RACE: White

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 8/27/87

10. AGE (In years last birthday): 82 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 2806 Allen Dale Road

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired engineer

14B. KIND OF BUSINESS OR INDUSTRY: Crown Cork and Seal of Baltimore

15. MOTHER'S MAIDEN NAME: Unknown

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)

17. SOCIAL SECURITY NO. 212-07-5025

18. INFORMANT: Ewing C. Whitaker ADDRESS: 12021 Old Gunpowder Rd. Beltsville, Md.

MEDICAL CERTIFICATION

19. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE [signature] M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

DATE SIGNED: 7/22/70

24A. BURIAL CREMATION, REMOVAL (Specify): burial

24B. DATE: 7/25/70

24C. NAME of CEMETERY or CREMATORY: Ft. Lincoln Cemetery

24D. LOCATION (City, town, or county) (State): Prince Georges County, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: The S.H. Hines Company ADDRESS: Washington D.C.

VS 151-REV. 1/1/68

sab-31-16-15 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-320 70 7378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7378

1. NAME OF DECEASED (Type or Print): Elsie Sadowski

2. DATE AND HOUR OF DEATH: 7/23/70 5:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospital 4940 Eastern Avenue, Baltimore, Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland ~~Maryland~~
B. COUNTY: BALTO CO
C. CITY OR TOWN: ESSEX
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 926 Barron Ave. 21221

5. SEX: Female
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6-12-15
9. AGE (In years last birthday): 55
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory worker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: McCRAY
14. MOTHER'S MAIDEN NAME: ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 220-07-8495
17. INFORMANT: Records: BCH-4940 Eastern Avenue
ADDRESS: 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Anoxia	5 min.
DUE TO, OR AS A CONSEQUENCE OF:	Cardiorespiratory Arrest	5 min.
(B) DUE TO, OR AS A CONSEQUENCE OF:		
(C)	Congestive Heart Failure	2 weeks

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Rheumatic heart disease

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/21 1970 to 7/23 1970 that (I) (we) last saw the deceased alive on 7/23 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. J. Fleg M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7/23/70
23C. PHYSICIAN'S NAME (Type): Jerome L. Fleg M.D. Jerome L. Fleg M.D. DEGREE
23D. ADDRESS: 4940 Eastern Avenue, Baltimore, Md. 21224 Baltimore City Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7/25/70
24C. NAME of CEMETERY or CREMATORY: OAK LAWN
24D. LOCATION (City, town, or county) (State): BALTO. MD.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: J. G. CONNELLY SONS
ADDRESS: 300 PLACE

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. C-650 70 7379

REG. NO. 70 7379

1. NAME OF DECEASED (Type or Print): WILLIAM A. CURRAN

2. DATE AND HOUR OF DEATH: July 21, 1970 | 5:10 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1025 S. Bouldin St. Baltimore, 21224, Md.

00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 2611

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1025 S. Bouldin St. # 21224.

5. SEX: Male

6. RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Feb. 1, 1901

9. AGE (In years last birthday): 69

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Plumber

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Curran

14. MOTHER'S MAIDEN NAME: Margaret Parker

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes

(If yes, give war or dates of service): W.W.I

16. SOCIAL SECURITY NO.: 212-10-1541

17. INFORMANT: Deborah Curran

ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

162.1

(A) IMMEDIATE CAUSE: Bronchogenic Carcinoma

DUE TO, OR AS A CONSEQUENCE OF: GENERALIZED METASTESES

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 Year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 5/26/70 19 70 to 6/28 19 70 that (I) (we) last saw the deceased alive on 5/28 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Arnold Levinson, MD. DEGREE

Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 7-22-70.

23C. PHYSICIAN'S NAME (Type): ARNOLD LEVINSON DEGREE

23D. ADDRESS: 4947 EASTERN AVE. BALTO, 24, MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-24-70

24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State): 7225 Eastern Blvd., Ba. Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: Charles S. Geiler

ADDRESS: 901 S. Conkling St. Balto., 21224, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

57-20-87 JD 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-625 Butte G. 70 - 7380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. [redacted] 70 7380

1. NAME OF DECEASED (Type or Print): Morrison, Baby Boy (CHARLES)

2. DATE AND HOUR OF DEATH: 7/21/70 1:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION — IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION:
BALTIMORE CITY HOSPITALS
4940 EASTERN AVENUE
BALTIMORE, MD. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE 5300
C. CITY OR TOWN:
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 8326 PHILADELPHIA RD. 21237

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7-10-70
9. AGE (In years last birthday): ND
If Under 1 Yr. Months: Days: 11 Hours: Min.: If Under 24 Hrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Donald Barton
14. MOTHER'S MAIDEN NAME: NELLIE MORRISON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: 4940 EASTERN AVE. ADDRESS
BCH RECORDS: BALTIMORE, MD. 21224

MEDICAL CERTIFICATION

18. 776.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardiorespiratory Failure
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/10 1970 to 7/21 1970 that (I) (we) last saw the deceased alive on 7/21 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Peter Haughton, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7/21/70
23C. PHYSICIAN'S NAME (Typed): DR. PETER HAUGHTON MD DEGREE
23D. ADDRESS: BALTIMORE CITY HOSPITALS 4940 EASTERN AVE. BALTIMORE, MD. 21224

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-23-70
24C. NAME of CEMETERY or CREMATORY: Mt. Carmel Cemetery
24D. LOCATION (City, town, or county) (State): 5712 O'Donnell St., Balto., 24, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Faber M.D.
25C. FUNERAL DIRECTOR: Charles S. Geiler
ADDRESS: 6224 Eastern Ave. Balto., 21224, Md.

VS 150-REV. 1/1/68

1

K-530 70 7381

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70 7381

BIRTH NO.

REG. NO.

1. NAME OF DECEASED (Type or Print): JOHN B. KENNEDY

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 7 Day 23 Year 1970 Hour 3:57 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1202

6. SEX: Male

7. RACE: White

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto. m

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: Aug 28, 1929

10. AGE (In years last birthday): 40

If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 419 E. 31st St.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward E. Kennedy

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamen

14B. KIND OF BUSINESS OR INDUSTRY: Maritime

15. MOTHER'S MAIDEN NAME: Wittosky

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None

17. SOCIAL SECURITY NO.: 213-26-6785

18. INFORMANT: Mrs Jean F. Kennedy ADDRESS: 419 E.31st St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cirrhosis of the liver
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Charles S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 7-23-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: Jul 27, 1970

24C. NAME of CEMETERY or CREMATORY: New Cathedral Cem

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. Fahey, M.D.

25C. FUNERAL DIRECTOR: A. Alan Seitz Jr. ADDRESS: 3926 Beech Ave. 21211

VS 151-REV. 1/1/68

1

B-640 70 7382

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 70 7382

1. NAME OF DECEASED (Type or Print): Anthony F. Barlow

2. DATE OF DEATH: Known ☐ Estimated ☒ — Month 7, Day 24, Year 1970, Hour 6:22 PM

3. DATE PRONOUNCED DEAD: Month 7, Day 24, Year 1970, Hour 6:32 PM

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Agnes Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2531

6. SEX: Male

7. RACE: White

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 11-8-1918

10. AGE (In years last birthday): ~~XX~~ 51 — If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 3845 Wilkens Ave.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager

14B. KIND OF BUSINESS OR INDUSTRY: Gem Gas Station

15. MOTHER'S MAIDEN NAME: Anna

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes — (If yes, give war or dates of service): W W I I

17. SOCIAL SECURITY NO.: 214-03-7723

18. INFORMANT: Mrs. Theresa P. Barlow, 3845 Wilkens Ave. ADDRESS: 21229

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

412.4

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardio-vascular disease

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner

DATE SIGNED: 7/25/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-27-1970

24C. NAME of CEMETERY or CREMATORY: Crest Lawn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: Howard H. Hubbard, 4107 Wilkens Ave. ADDRESS: 21229

VS 151-REV. 1/1/68

R-220

BIRTH NO. 70 7383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7383

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): JOHN C. REISIG

2. DATE AND HOUR OF DEATH: 7/20/70 11:40 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME + HOSPITAL 100 N. BROADWAY, BALTIMORE MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 602
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 133 N. GLOVER ST 21224

5. SEX: M
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 1/13/~~84~~ 93
9. AGE (In years last birthday): 77
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FIREMAN
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN C. REISIG
14. MOTHER'S MAIDEN NAME: MARY
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 217349529
17. INFORMANT: SON - ALVIN ADDRESS: SAME

MEDICAL CERTIFICATION

18. 4412 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE: MASSIVE INTRA-ABDOMINAL — 7 hours
DUE TO, OR AS A CONSEQUENCE OF: HEMORRHAGE
(B) LEAKING ABDOMINAL AORTIC — ?
DUE TO, OR AS A CONSEQUENCE OF: ANEURYSM
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 7/20/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: ATTEMPTED RESECTION
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/20/70 19__ to 7/20/70 19__ that (I) (we) last saw the deceased alive on 7/20/70 19__ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ricardo M. Turner M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7/20/70
23C. PHYSICIAN'S NAME (Type): RICARDO M. TURNER M.D. DEGREE
23D. ADDRESS: 100 N. BROADWAY, BALTIMORE MD 21231

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/23/'70
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: John A. Moran, Inc. ADDRESS: 3000 E. Baltimore St.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-630 70 7384

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 70 7384

1. NAME OF DECEASED (Type or Print): MYRTLE T. HART

2. DATE AND HOUR OF DEATH: 7-24-70 = 1:15 AM M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARYLAND GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 2641

C. CITY OR TOWN (If outside city limits, write RURAL and give township): BALTIMORE

D. STREET ADDRESS (If rural, give location): 4500 ARIZONA AVENUE

5. SEX: F

6. RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify):

8. DATE OF BIRTH: 6-7-03

9. AGE (In years last birthday): 67

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN W. RUSSEL

14. MOTHER'S MAIDEN NAME: ~~[illegible]~~ Peggy Allen

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 219-20-8020

17. INFORMANT: SON Eugene R Hart ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

410.9

(A) CORONARY THROMBOSIS

DUE TO Arteriosclerotic C.V. Disease

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/15 1970 to 7/24 1970, that (I) (we) last saw the deceased alive on 7/23 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Dr. Lewandowski / [illegible] M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 7-24-70

23C. PHYSICIAN'S NAME (Type): BAYAN / B. ELMA M.D. M.D.

23D. ADDRESS: Maryland Gen Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/27/70

24C. NAME of CEMETERY or CREMATORY: Gardens Of Faith

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. Talbert M.D.

25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc. ADDRESS: Baltimore, Maryland

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. O-220 70 7385 REG. NO. 70 7385

1. NAME OF DECEASED (Type or Print): Lillian Catherine Ciscle

2. DATE AND HOUR OF DEATH: 7-23-70 | M P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3509 Woodlea Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 2741

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3509 Woodlea Avenue

5. SEX: female

6. RACE: caucasian

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Dec. 19, 1881

9. AGE (In years last birthday): 88 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick Ochse

14. MOTHER'S MAIDEN NAME: Mary Dukenburg

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-09-7020B

17. INFORMANT: Mr. James F. Ciscle ADDRESS: (Same)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Stroke — 2 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Cerebral arteriosclerosis — 16 months

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

18. 437.9

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Arteriosclerotic heart dis.

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 1966 to July 23 1970, that (I) (~~we~~) last saw the deceased alive on July 21 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Donald Jandorf DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 7-23-70

23C. PHYSICIAN'S NAME (Type): R Donald Jandorf DEGREE

23D. ADDRESS: 7403 Harford Rd

24A. BURIAL CREMATION, REMOVAL (Specify): burial

24B. DATE: 7/27/70.

24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. Tabery M.D.

25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. - Balto, Md. - 14 ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

N-620 70 7386

BIRTH NO. Balto Co Md.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7386

1. NAME OF DECEASED (Type or Print) Baby Christopher Michael Nores

2. DATE AND HOUR OF DEATH 7/23/70 7:20am M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Johns Hopkins Hospital

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore 2734

C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES [XX] NO [ ]

E. STREET AND NUMBER 5903 Walther Boulevard 21206

5. SEX Male 6. RACE White 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH 7/22/70 9. AGE (In years last birthday) 15 hours

If Under 1 Yr. Months Days Hours 15 If Under 24 Hrs. Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Philip Notes

14. MOTHER'S MAIDEN NAME Joanne Voeglein

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mr Joseph F Voeglein ADDRESS Same

MEDICAL CERTIFICATION

18. 756.8 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE unable to ventilate baby due to congenital lung defect — 15 hrs

DUE TO, OR AS A CONSEQUENCE OF:

(B) diaphragmatic hernia — 15 hrs

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION 7/22/70-7/23/70 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED diaphragmatic hernia

20A. AUTOPSY? (Yes or No) YES 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/22/70 19 70 to 7/23 19 70 that (I) (we) last saw the deceased alive on 7/23 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Leslie Plotnick, M.D. DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] 23B. DATE SIGNED 7/25/70

23C. PHYSICIAN'S NAME (Type) Leslie Plotnick, M.D. DEGREE 23D. ADDRESS The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 7-24-70 24C. NAME of CEMETERY or CREMATORY Most Holy Redeemer Cem. 24D. LOCATION (City, town, or county) (State) Balto. Md.

25A. DATE REC'D BY HEALTH DEPT. JUL 27 1970 25B. NAME OF REGISTRAR Robert E. Faber, M.D. 25C. FUNERAL DIRECTOR Leonard J Ruck Inc. ADDRESS Balto. Md. 21214

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-520 70 7387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7387

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BESSIE KING

2. DATE AND HOUR OF DEATH: 7/23/70 7:25 am. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai hospital of Baltimore Inc

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: Baltimore 5300

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 69 Millbrook Pk

5. SEX: F

6. RACE: Caucc

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 2/6/11

9. AGE (In years last birthday): 59

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wash D C

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ruben

14. MOTHER'S MAIDEN NAME: Anna

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Benjamin King

ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bilateral C.V.A.

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Myocardial infarction

DUE TO, OR AS A CONSEQUENCE OF:

(C) Hypertension

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (this hospital) attended the deceased from june 13 1970 to july 23 1970 that (we) last saw the deceased alive on july 23 1970 and that in (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Joaquim Puig Antich DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 7/23/70

23C. PHYSICIAN'S NAME (Type): Joaquim PUIG-ANTICH DEGREE

23D. ADDRESS: Sinai Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/24/70

24C. NAME of CEMETERY or CREMATORY: Ohel Yaakov

24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: Sylvan Levin & Son

ADDRESS: 9610 Reisterstown Rd

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-125 70 7388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7388

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Kereakos Kapsambelis

2. DATE AND HOUR OF DEATH: July 21, 1970 | 3:20 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Church Home & Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 725 Umbra Street

2603

5. SEX: Male 6. RACE: Caucasian 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 5/15/92 9. AGE (In years last birthday): 78 If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired (unknown) 10B. KIND OF BUSINESS OR INDUSTRY: Grocery

11. BIRTHPLACE (State or foreign country): Turkey 12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Constantine Kapsambelis 14. MOTHER'S MAIDEN NAME: (not known)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 236528529

17. INFORMANT: Hospital Record ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Renal Failure with Hyperkalemia	3 days
DUE TO, OR AS A CONSEQUENCE OF:	Acute Cholecytitis &	
(B)	Septicemia with Shock	10 days
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	Carcinoma of Colon	unknown.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

Subphrenic Abscess with Secal Fistula 6 wks
Cerebrovascular Accident 7 days

19A. DATE OF OPERATION: 6/1/70 + 7/8/70 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: acute Ca. colon & cholecytitis

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from ~~June~~ May 27 19 70 to July 21 19 70 that (I) (~~we~~) last saw the deceased alive on July 21 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Prabir K. Bose MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 7.21.70

23C. PHYSICIAN'S NAME (Type): PRABIR K. BOSE M.D. DEGREE

23D. ADDRESS: Church Home and Hosp. Baltimore MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 7-24-70 24C. NAME of CEMETERY or CREMATORY: Greek Orthodox Cemetery 24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970 25B. NAME OF REGISTRAR: Robert E. Jackson, M.D. 25C. FUNERAL DIRECTOR: NICHOLAS T. MATTHEWS ADDRESS: 3021 EASTERN AVE, BALTIMORE, MD.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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H-400 70 7389 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7389

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MAURICE HALL

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 7 Day 23 Year 1970 Hour 6:55 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1111 N. Dallas St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 108

6. SEX: Male

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 12/13/42

10. AGE (In years last birthday): 28

If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 1111 N. Dallas St.

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Hall

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Minnie Walker

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: George Hall ADDRESS: 110 Mornington Ave N.Y.C.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Intravenous narcotism

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Charles S. Springate M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED

EXAMINER'S NAME (Type): Charles S. Springate, M.D. 7-23-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/28/70

24C. NAME of CEMETERY or CREMATORY: Mt. Calvary

24D. LOCATION (City, town, or county) (State): A.A. County, Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Joseph E. Lock Jr. ADDRESS: 1304 N. Central

VS 151-REV. 1/1/68

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C-400 70 7390

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 7390

1. NAME OF DECEASED (Type or Print): Eunice Cole

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 7 Day 20 Year 70 Hour 3:05 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 1301 W. Central Ave.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 409

6. SEX: female
7. RACE: colored
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH
10. AGE (In years last birthday): 47
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 1301 N. Central Ave.

11. BIRTHPLACE (State or foreign country): S.C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ?

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: ?

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Allie Cole ADDRESS: 1304 N. Central Ave

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Fatty alteration of liver
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: Werner U. Spitz M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 7/20/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/24/70
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary
24D. LOCATION (City, town, or county) (State): Q. A. County, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Joseph G. Rocks Jr. ADDRESS: 1304 N. Central Ave

VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-324 70-12738 70 7391 REG. NO. 70 7391

1. NAME OF DECEASED (Type or Print): JOHN EDWARD MITCHELL

2. DATE AND HOUR OF DEATH: 7-23-70 6:10 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 SINAI HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Carroll 56-00
C. CITY OR TOWN: Sykesville D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Hillcrest Drive

5. SEX: M 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7-20-70 9. AGE (In years last birthday): If Under 1 Yr. Months: Days: 3 If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES MITCHELL

14. MOTHER'S MAIDEN NAME: SALLY (Smith)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Charles Edward Mitchell ADDRESS: Hillcrest Dr. Sykesville

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1B. 776.1

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: HYALINE MEMBRANE DISEASE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from JULY 20 1970 to JULY 23 1970, that ~~(I)~~ (we) last saw the deceased alive on July 23 1970 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rodolfo P. Velasco M.D. DEGREE (Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑)
23B. DATE SIGNED: 7-23-70
23C. PHYSICIAN'S NAME (Type): RODOLFO P. VELASCO M.D. DEGREE
23D. ADDRESS: SINAI HOSP.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 24, 70
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cem
24D. LOCATION (City, town, or county) (State): Frederick Rd. Balto City Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Tuckey, M.D.
25C. FUNERAL DIRECTOR: Loring Byers ADDRESS: 8728 Liberty Rd. Randallstown

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. K-534 70 7392 Registered No. 70 7392

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print): Kendley, John Marshall

2. DATE AND HOUR OF DEATH: July 23, 1970 7:25 A.M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. Public Health Service Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 101

C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 2901 Dillon Street

5. SEX: Male

6. RACE: White

7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify): Married

8. DATE OF BIRTH: 9-27-81

9. AGE (In years last birthday): 88

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Coastguardsman

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marshall Kendley

14. MOTHER'S MAIDEN NAME: Mary Poyner

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes

(If yes, give war or dates of service): 1930-1946

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Med. Record Dept.; Balto., Maryland 21211

MEDICAL CERTIFICATION

1B. 4124 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) BILATERAL BRONCHO PNEUMONIA — 14 days

DUE TO ADVANCED ASCVD — SEVERAL YEARS

(B) DUE TO PARKINSON'S DISEASE — SEVERAL YEARS

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: No

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: --

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? --

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 9 1970 to July 23 1970, that (I) (we) last saw the deceased alive on 7-23 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Luis E. Rivera M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 7-23-70 bvs

23C. PHYSICIAN'S NAME (Type): Luis E. Rivera, M.D.

23D. ADDRESS: U.S. PHS Hospital; Balto., Maryland 21211

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-25-70

24C. NAME of CEMETERY or CREMATORY: Meadowridge Memorial Park

24D. LOCATION (City, town, or county) (State): Dorsey, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: John J. Duda ADDRESS: 2829 Hudson St. Balto. Md. 21224

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

JMK 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-620 70 7393 70-12381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7393 4

1. NAME OF DECEASED (Type or Print): Timothy Michael GARREIS, ~~XXXXXXXXX~~

2. DATE AND HOUR OF DEATH: JULY 24, 1970 | 12:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST AGNES HOSPITAL CATON & WILKENS AVENUES BALTIMORE, MARYLAND 21229 40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTIMORE 21207 5300
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1418 CLAIRIDGE ROAD

5. SEX: MALE 6. RACE: WHITE 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 07/23/70 9. AGE (In years last birthday): If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 1 Min.: 35

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT 10B. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): MARYLAND 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ANTHONY GARREIS 14. MOTHER'S MAIDEN NAME: JEANNE UHER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT: BALTO MD 21229 ADDRESS: ST AGNES RECORDS CATON & WILKENS AVES

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardio respiratory arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
(B) Premature
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JULY 23 19 70 to JULY 24 19 70 that (I) (we) last saw the deceased alive on JULY 24 19 70 and that (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~XXXX~~) view the body after death.

23A. SIGNATURE: [signature] DEGREE: Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ 23B. DATE SIGNED: 7-24-70

23C. PHYSICIAN'S NAME (Type): SOUNG Y. HUH MD DEGREE 23D. ADDRESS: St. Agnes Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial 24B. DATE: 7/27/70 24C. NAME of CEMETERY or CREMATORY: Holy Cross 24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970 Robert E. Farber, M.D. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR: George J. Gonce ADDRESS: 4001 Ritchie Hgy. Baltimore, Md. 21225

VS 150-REV. 1/1/68

BIRTH NO. H-536 70 7394

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 70 7394

1. NAME OF DECEASED (Type or Print): Hendershot, Ruth Eulalia

2. DATE AND HOUR OF DEATH: July 22, 1970 | 1:50 PM.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. Public Health Service Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Montgomery 65-00

C. CITY OR TOWN (If outside city limits, write RURAL and give township): Hyattsville

D. STREET ADDRESS (If rural, give location): 7961 18th Avenue

5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Female	White	Married	1-13-36	34		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	--	West Virginia	U.S.A.

13. FATHER'S NAME: Holly Williams

14. MOTHER'S MAIDEN NAME: Mildred Sullivan

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
yes	1958-1958	202 44 7110	Med. Record Department;	Balto., Maryland 21211

MEDICAL CERTIFICATION

CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) DUE TO: Acute myelogenous leukemia	months
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(B) DUE TO:	
	(C)	
II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	g-i bleeding sepsis	days

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
--		Yes	Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from April 27 1970 to July 22 1970, that (I) (we) last saw the deceased alive on July 22 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes noted above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gary Feldman M.D. M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. XX

23B. DATE SIGNED: 7-23-70 bvs

23C. PHYSICIAN'S NAME (Type): Gary Feldman, M.D.

23D. ADDRESS: U.S. PHS Hospital; Balto., Maryland

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY ~~or CREMATORY~~	24D. LOCATION (City, town, or county)	(State)
Burial	7-27-70	Cedar Grove Cemt	Mount Morris	Green Pa.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JUL 27 1970	Robert E. Faber, M.D.	William H. Reyler / Tickner Funeral Home	1 north Balt.

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

7-600 70 7395

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7395

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lucilla Frye

2. DATE OF DEATH — Known [X] Estimated [ ] — Month 7 Day 25 Year 1970 Hour 2:42 AM M.

3. DATE PRONOUNCED DEAD — Month 7 Day 25 Year 1970 Hour 2:42 AM M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mercy Hospital

37

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 302

6. SEX: F

7. RACE: C

8. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: 10-25-45

10. AGE (In years last birthday): 24

If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 1050 E. Pratt Street

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elihue Frye

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Mary Shaw

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Mary A. Frye ADDRESS: 1050 E. Pratt Street

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

E966X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple Stab Wounds
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): in front of 1050 E. Pratt Street 302

22D. TIME OF INJURY (APPROX.) (Month) 7 (Day) 25 (Year) 1970 (Hour) 2:00 AM m.

22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

22F. HOW DID INJURY OCCUR? stabbed during altercation

23. I certify that I held on Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [ ] Suicide [ ] Homicide [X] Undetermined manner [ ]

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Werner U. Spitz, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]
Deputy Chief Medical Examiner

DATE SIGNED: 7/25/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/29/70

24C. NAME of CEMETERY or CREMATORY: Mt Calvary Cemetery

24D. LOCATION (City, town, or county) (State): Anne Arundel Cty., Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. Foxberg, M.D.

25C. FUNERAL DIRECTOR: Wm C March ADDRESS: 928 E. North Ave.

VS 151-REV. 3/1/68

N 829.8

W-455 70 7396 I.

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7396

1. NAME OF DECEASED (Type or Print): ANDREW WILLIAMS

2. DATE AND HOUR OF DEATH: 7-24-70 2.10 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: BALTIMORE CITY 806

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [XX] NO [ ]

E. STREET AND NUMBER: 1634 N. BROADWAY

5. SEX: MALE

6. RACE: NEGRO

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 7-22-96

9. AGE (In years last birthday): 74

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 218-09-6602

17. INFORMANT: Thelma Montgomery ADDRESS: 1634 N. Broadway

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

560.91 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Septic Shock — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Infarction of small bowel

DUE TO, OR AS A CONSEQUENCE OF:

(C) Intestinal adhesions

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 7/22/70

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Small bowel infarction

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): No

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from 7/22 19 70 to 7/24 19 70 that (I) ~~(we)~~ last saw the deceased alive on 7/24/70 19 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ ~~(did)~~ ~~(did not)~~ did view the body after death.

23A. SIGNATURE: Hewes D. Acnew DEGREE: MD

Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 7/24/70

23C. PHYSICIAN'S NAME (Type): Hewes D. Acnew DEGREE: MD

23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/28/70

24C. NAME of CEMETERY or CREMATORY: Mt Calvary Cemetery

24D. LOCATION (City, town, or county) (State): Anne Arundel Cty., Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. Tarbey M.D.

25C. FUNERAL DIRECTOR: Wm C March ADDRESS: 928 E. North Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

097 17 79 R WILLIAMS, ANDREW

1

57-10-12 IL 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-650 70 7397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7397

1. NAME OF DECEASED (Type or Print): BORN, A. MARGARET,

2. DATE AND HOUR OF DEATH: 7/21/70 3:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospital
4940 EASTERN AVENUE
BALTIMORE 5 MARYLAND #21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2611
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3205 Hudson St. #21224

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: 8/28/13
9. AGE (In years last birthday): 56
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHAIRWOMAN
10B. KIND OF BUSINESS OR INDUSTRY: BALTO, CITY
11. BIRTHPLACE (State or foreign country): MARYLAND, BALTIMORE
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joseph T. SCHREIBER
14. MOTHER'S MAIDEN NAME: Theresa HELGERT
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): — NO —
16. SOCIAL SECURITY NO. 217-09-9424
17. INFORMANT: RECORDS: BALTIMORE CITY HOSPITALS
ADDRESS: 4940 EASTERN AVENUE #21224

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. 427.2

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiopulmonary arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 15 mins
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Aspiration Pneumonia — 1 month

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/23 19 70 to 7/21 19 70 that (I) (we) last saw the deceased alive on 2:30 AM 7/21 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Michael W. Pozen, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/21/70
23C. PHYSICIAN'S NAME (Type): Michael W. POZEN DEGREE
23D. ADDRESS: Baltimore City Hosp

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-24-70
24C. NAME of CEMETERY or CREMATORY: HOLY REDEEMER CEM.
24D. LOCATION (City, town, or county) (State): 4430 BELAIR RD., BALTO., MD.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert C. Tolle, M.D.
25C. FUNERAL DIRECTOR: Charles S. Geiler
ADDRESS: 901 S. CONKLING ST. BALTO., 21224, MD.

VS 150-REV. 1/1/68

B-300 7398

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7398

1. NAME OF DECEASED (Type or Print): BOYD MR. JOHN

2. DATE AND HOUR OF DEATH: 7-24-70 | 11:10 p.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 34 Bon Secours Hospital

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 1901

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 331 N. GILMOR STREET 21223

5. SEX: MALE

6. RACE: NEGRO

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Jan. 1, 1919

9. AGE (In years last birthday): 51

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BARBER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Boyd

14. MOTHER'S MAIDEN NAME: EVANS, BESSIE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Chart

ADDRESS

MEDICAL CERTIFICATION

18. 4123

CAUSE OF DEATH

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Congestive Heart Failure — weeks

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic Heart Disease — years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: None

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 24 19 70 to July 24 19 70 that (I) (we) last saw the deceased alive on July 24 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: L Loffranco M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 7-24-70

23C. PHYSICIAN'S NAME (Type): Lilia A. Loffranco M.D. DEGREE

23D. ADDRESS: Bon Secours Hosp. 2025 W. Fayette St.

24A. BURIAL CREMATION, REMOVAL (Specify): Removal

24B. DATE: 7/29/70

24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, town, or county) (State): Richmond - Va.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: Marshall R. Harper

ADDRESS: 638 N. Gilmor

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-452 70 7399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7399

1. NAME OF DECEASED (Type or Print): BILLINGER PRESTON E.

2. DATE AND HOUR OF DEATH: 7/24/70 4-30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital of Maryland 46

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: 1032 N. FULTON AVE. Baltimore
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1604

5. SEX: Male
6. RACE: N.
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 11-6-23
9. AGE (In years last birthday): 46 yrs
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Robeson Co. N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes
(If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.:
17. INFORMANT: Preston E. Billinger Jr. ADDRESS: 1612 Bruce St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebro vascular accident — 4436.9 — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 58 hrs.
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/21 1970 to 7/24 1970 that (I) (we) last saw the deceased alive on 7-23 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Desai DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7-24-70
23C. PHYSICIAN'S NAME (Type): PRAGNA DESAI DEGREE
23D. ADDRESS: 430, Ashburton Street

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/29/70
24C. NAME of CEMETERY or CREMATORY: Loudon Pk National
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Marshall P. Hodges ADDRESS: 630 N. Gilmor

VS 150-REV. 1/1/68

1

70 7400

W-656

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7400

1. NAME OF DECEASED (Type or Print): JOSEPH WARNER

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 7 Day 23 Year 1970 Hour 11:18 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
48 Maryland General Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Va.
B. COUNTY: V-43
C. CITY OR TOWN: Richmond
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1312 Brook Rd.

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. DATE OF BIRTH: 6/7/96
10. AGE (In years last birthday): 75
If Under 1 Yr., If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Thomasville, Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Unknown

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ice Cream Salesman
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Unknown

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: Unknown
18. INFORMANT: Mary Irving, 1506 W. Main St., Richmond, Va.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

412.4 Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION:
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I hold an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 7-23-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/30/70
24C. NAME of CEMETERY or CREMATORY: Cobbham, Va. Church Cemetery
24D. LOCATION (City, town, or county) (State): Albermarle County Cobbham, Virginia

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970 Robert E. Jaeger, M.D.
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR: Charles E. Hughes
ADDRESS: 1532 Hollins Street #23

VS 151-REV. 1/1/68

J-250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7401

BIRTH NO. 70 7401

1. NAME OF DECEASED (Type or Print): William Emerson Jackson

2. DATE AND HOUR OF DEATH: July 21 1970 | 11:25 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1547
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3307 Elgin Avenue

5. SEX: Male
6. RACE: Negro
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8/8/92
9. AGE (In years last birthday): 77
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Construtsion
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Jackson
14. MOTHER'S MAIDEN NAME: Mary Nichols

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-01-9077
17. INFORMANT: Mrs. Frances W. Jackson
ADDRESS: 3307 Elgin Ave

CAUSE OF DEATH

18. 486X

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Arrest
DUE TO, OR AS A CONSEQUENCE OF:
(B) Aspiration Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 48hr
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Cachexia, malaise

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ☒ (this hospital) attended the deceased from July 15 1970 to July 21 1970, that ☒ (we) last saw the deceased alive on July 21, 1970 19 and that in (☒) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Donald L. Trump MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7/22/70
23C. PHYSICIAN'S NAME (Type): DONALD L. TRUMP DEGREE
23D. ADDRESS: 601 N. Broadway ~~2929 N. Chas~~ Balt, Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/25/1970
24C. NAME of CEMETERY or CREMATORY: Oldfield Cemetery
24D. LOCATION (City, town, or county) (State): Dorchester County Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Lieber, M.D.
25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME
ADDRESS: 3035 W. NORTH AVE

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. J-525 70 7402

REG. NO. 70 7402

1. NAME OF DECEASED (Type or Print): JOHNSON, William

2. DATE AND HOUR OF DEATH: July 22, 1970 5:15 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Bolton Hill Nursing & Convalescent Ctr.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 1547

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3003 Poplar Street 21216

5. SEX: N

6. RACE: N

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 3/22/1910

9. AGE (In years last birthday): 60

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Peabody Institue

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Johnson

14. MOTHER'S MAIDEN NAME: Essie ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 249-01-2985

17. INFORMANT: Flora A. Johnson

ADDRESS: 3003 Poplar Terrace

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	(A) IMMEDIATE CAUSE alcoholic cirrhosis with ascites	years
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) C.A.J. Agg	months
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C) arteriosclerotic heart disease	years
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/30 19 70 to 7/22 19 70, that (I) (we) last saw the deceased alive on 7/22 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE

Attending Phys. [ ] Med. Director [X] Staff Phys. [ ]

23B. DATE SIGNED: 7/22/70

23C. PHYSICIAN'S NAME (Type): ALLAN H. MACOTT MD DEGREE

23D. ADDRESS: 2 E Read St Balto 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/26/1970

24C. NAME of CEMETERY or CREMATORY: Mount Auburn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME

ADDRESS: 3035 W. NORTH AV

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Poplar Terr.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. L-516 70 7403

REG. NO. 70 7403

1. NAME OF DECEASED (Type or Print): CHRISTINE LAMBERT

2. DATE AND HOUR OF DEATH: JULY 25, 1970 | 12:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1B MONTEBELLO STATE HOSP

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 1506

C. CITY OR TOWN: BALTIMORE,

D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 2931 W. North Ave

5. SEX: F

6. RACE: N

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7/3/1970

9. AGE (In years last birthday): 40

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Mise Brelove

14. MOTHER'S MAIDEN NAME: Lillie Mae Hubbard

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Charles Lambert

ADDRESS: 2931 W. North Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARCINOMA OF (R) Breast with metastasis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: March 1970

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Carcinoma of the Breast

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 3-11- 1970 to 7-25- 1970 that (I) (we) last saw the deceased alive on 7-25- 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: M. Inayatullah M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 7-25-70

23C. PHYSICIAN'S NAME (Type): M. INAYATULLAH, M.D. DEGREE

23D. ADDRESS: MONTEBELLO STATE HOSP, Balto.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/30/1970

24C. NAME of CEMETERY or CREMATORY: Mount Auburn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. Talbert M.D.

25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME

ADDRESS: 3035 W. NORTH AVE

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

H-200 70 7404

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7404

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ROLAND V. HAYES

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 7 Day 23 Year 1970 Hour 11:10 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1338 Druid Hill Ave.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 1702
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1338 Druid Hill Ave.

6. SEX: Male
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 1/27/1929
10. AGE (In years last birthday): 41
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles Hayes

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Order Clerk
14B. KIND OF BUSINESS OR INDUSTRY: Lumber Company
15. MOTHER'S MAIDEN NAME: Lucille Anderson

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): ?
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 214-26-7982
18. INFORMANT: Mrs. Lucille Wiley ADDRESS: 4002 Bateman Avenue

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

531.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Upper gastro-intestinal hemorrhage
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) penetrating duodenal ulcer
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Partial

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ Par. and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Isidore Mihalakis, M.D. M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 7-24-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/28/1970
24C. NAME of CEMETERY or CREMATORY: Mount Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Faubey M.D.
25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME ADDRESS: 3035 W. NORTH AV

VS 151-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-230 70 7405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7405

1. NAME OF DECEASED (Type or Print): Goldie Beckett

2. DATE AND HOUR OF DEATH: 23 July 1970 10:54 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION: Johns Hopkins Hospital — (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 1501
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1825 N. Mount St.

5. SEX: F 6. RACE: Negro 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 12/22/92 9. AGE (In years last birthday): 78 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William Alfred 14. MOTHER'S MAIDEN NAME: Alice Keeley

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.

17. INFORMANT: Gertrude Hilliard ADDRESS: 1825 N. Mount St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 412.4

(A) IMMEDIATE CAUSE: Cardiac arrythmiae

DUE TO, OR AS A CONSEQUENCE OF: Fluid and electrolyte imbalance secondary to inanition and dehydration

(B) DUE TO, OR AS A CONSEQUENCE OF: Chronic brain syn secondary to ASCVD

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 21 July 1970 19 to 23 July 1970 19 that (I) (we) last saw the deceased alive on 23 July 1970 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gary M Kammer MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] — 23B. DATE SIGNED: 23 July 1970

23C. PHYSICIAN'S NAME (Type): Gary M. Kammer, M.D DEGREE 23D. ADDRESS: Johns Hopkins Hospital, Baltimore, MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 7/29/70 24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem 24D. LOCATION (City, town, or county) (State): Westport, Md.

25A. DATE REC'D BY HEALTH DEPT: JUL 27 1970 25B. NAME OF REGISTRAR: Robert E. Faber, M.D. 25C. FUNERAL DIRECTOR: Gordon Eichorn ADDRESS: 1129 N. Carrie St.

VS 150-REV. 1/1/68

1

A-653 70 7406

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 7406

1. NAME OF DECEASED (Type or Print): Charles Armstead, [redacted] Sr.

2. DATE OF DEATH — Known ☐ Estimated ☒ — Month 7 Day 25 Year 1970 Hour 12:20 AM M.

3. DATE PRONOUNCED DEAD — Month 7 Day 25 Year 1970 Hour 12:30 AM M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 917 N. Lakewood Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 702

6. SEX: Male

7. RACE: C

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: May 2, 1913

10. AGE (In years last birthday): [redacted] 37 — If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 917 N. Lakewood Ave.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Moses Armstead

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed - Laborer

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: ?

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

17. SOCIAL SECURITY NO.

18. INFORMANT: Charles Armstead Jr. ADDRESS: 917 Lakewood Ave

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

412.4

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardio-vascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: Werner U. Spitz M.D.

EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner

DATE SIGNED: 7/25/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/28/70

24C. NAME of CEMETERY or CREMATORY: Arbutus Mem Park

24D. LOCATION (City, town, or county) (State): Arbutus Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970 Robert E. Zalberg M.D.

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR: Milton E. Elliott ADDRESS: 1129 Carlton St.

VS 151-REV. 1/1/68

57-18-76 TB

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-635 70 7407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7407

1. NAME OF DECEASED (Type or Print): Burton, Thomas J.

2. DATE AND HOUR OF DEATH: 7.24.70 7 15/A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224 — 31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 907
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1624 Gorsuch Avenue Balto., Md. 21218

5. SEX: Male
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7-12-12
9. AGE (In years last birthday): 58 — If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trackman.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ark.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Herb
14. MOTHER'S MAIDEN NAME: Julia
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Baltimore City Hospitals RECORDS — ADDRESS: 4940 Eastern Ave. Balto., Md. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 433.9

(A) IMMEDIATE CAUSE: Cerebrovascular Thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 7-8 1970 to 7.24 1970 that ~~(I)~~ (we) last saw the deceased alive on 7.24 1970 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: James T. Corkins MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7.24.70
23C. PHYSICIAN'S NAME (Type): James T. Corkins, M. D. DEGREE
23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Ave. Baltimore, Maryland 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/29/70
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem Park
24D. LOCATION (City, town, or county) (State): Arbutus, Md.
25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Jacobs M.D.
25C. FUNERAL DIRECTOR: Zach T. Chelton — ADDRESS: 1129 N. Caroline St.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7408

BIRTH NO. G-656 70 7408

1. NAME OF DECEASED (Type or Print): GARNER, Richard

2. DATE AND HOUR OF DEATH: 7/26/70 1:40 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): George Washington Nursing Home 607 Pennsylvania ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: VA
B. COUNTY: V-43
C. CITY OR TOWN: Ke Caughton
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Veterans administration Center

5. SEX: male
6. RACE: Green. Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 6/22/1892
9. AGE (In years last birthday): 78
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George GARNER
14. MOTHER'S MAIDEN NAME: Annie Smith

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes. (If yes, give war or dates of service): World WAR I
16. SOCIAL SECURITY NO.: C2-129-016
17. INFORMANT: Chart. ADDRESS: 607 Pennsylvania ave.

MEDICAL CERTIFICATION

18. 094.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cerebral Thrombosis — 2 days.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Generalized Arteriosclerosis — Years

DUE TO, OR AS A CONSEQUENCE OF:

(C) Meningovascular Syphilis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from MAY 26 1969 to 26 July 1970, that (I) (we) last saw the deceased alive on 25 July 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard Tyson, MD. DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7-27-70
23C. PHYSICIAN'S NAME (Type): Dr. Richard Tyson M.D. DEGREE
23D. ADDRESS: 936 W. North Avenue Balto. Md. 21217

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-29-70
24C. NAME of CEMETERY or CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: [illegible] ADDRESS: 2202 W. Baltimore

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

41 88 46
BOOKER, MABEL
09 14 10

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-260 70 7409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7409

1. NAME OF DECEASED (Type or Print): MABEL D. BOOKER

2. DATE AND HOUR OF DEATH: 07-21-70 5:30 PM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL
33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2710
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4908 ST. GEORGES AVE.

5. SEX: FEMALE
6. RACE: NEGRO
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 09-14-10
9. AGE (In years last birthday): 59 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Principle
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington - D.C
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: GEORGE DAVIS
14. MOTHER'S MAIDEN NAME: CELESTE DAVIS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 219-22-7563HA
17. INFORMANT: Charles Booker
ADDRESS: 4908 St. Georges Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiovascular Collapse — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1h
DUE TO, OR AS A CONSEQUENCE OF:
(B) Infection — 3d
DUE TO, OR AS A CONSEQUENCE OF:
(C) Sarcoidosis — 510y

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 22
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/14 19 70 to 7/21 19 70 that (I) (we) last saw the deceased alive on 7/21 19 70 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Michael H Merson MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7/21/70
23C. PHYSICIAN'S NAME (Type): MICHAEL H. MERSON M.D. DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-25-70
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem Park
24D. LOCATION (City, town, or county) (State): Baltimore - MD

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Arlington L. Phillips
ADDRESS: 1727 N. Monroe St

VS 150-REV. 1/1/68

B-650

BIRTH NO. 70 7410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7410

1. NAME OF DECEASED (Type or Print): GEORGE BARNO

2. DATE AND HOUR OF DEATH: 7-21-70 9:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 39 PROVIDENT HOSPITAL

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 1502

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 1436 N. FULTON AVE.

5. SEX: M

6. RACE: C

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 9-15-91

9. AGE (In years last birthday): 79

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: ?

11. BIRTHPLACE (State or foreign country): USA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Barno

14. MOTHER'S MAIDEN NAME: Hannah Jane Johnson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-09-1607

17. INFORMANT: CARRIE WEBER (SISTER) ADDRESS: 1436 Fulton Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

250.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Congestive Heart Failure

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerosis, Diabetes

DUE TO, OR AS A CONSEQUENCE OF:

(C) Gangrene of the Testicle

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

Renal Failure

19A. DATE OF OPERATION: 7-14-70

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: GANGRENE TESTICLE

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-15 — 1970 to 7-21 1970 that (I) (we) last saw the deceased alive on 7-21 — 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A. Luna M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 7-21-70

23C. PHYSICIAN'S NAME (Type): DR. RUBEN LUNA DEGREE

23D. ADDRESS: PROVIDENT HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-25-70

24C. NAME of CEMETERY or CREMATORY: Mt Auburn

24D. LOCATION (City, town, or county) (State): Baltimore, MD

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: Phillips F. Horne ADDRESS: 1727 N. Monroe St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

9/22/70 - Arteriosclerotic CVD.
Uremia
Diabetes Mellitus
II Bilat scrotal gangrene
2° to BPH.
Letter from Provident Hospital - Filed in
Bur. of Biostatistics - American Bldg

S-522 70 7411

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7411

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): WALTER LEO JANKIEWICZ

2. DATE AND HOUR OF DEATH: 7-25-70 7:40 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2522 E. BALTO. ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 21224 602
C. CITY OR TOWN: BALTO.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2522 E. BALTO. ST.

5. SEX: M
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: JUNE 12, 1911
9. AGE (In years last birthday): 59
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): T.V. TECHNICIAN
10B. KIND OF BUSINESS OR INDUSTRY: APPLIANCE DIST.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN J. JANKIEWICZ
14. MOTHER'S MAIDEN NAME: LUDWIKA SKUBISZ
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): WWII 8-9-43 to 11-4-43
16. SOCIAL SECURITY NO.: 519016765
17. INFORMANT: THEODORE F. JANKIEWICZ ADDRESS: 2522 E. BALTO. ST.

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10-20 min

DUE TO, OR AS A CONSEQUENCE OF:

(B) Hypertensive CVD — 6-8 yrs.?

DUE TO, OR AS A CONSEQUENCE OF:

(C) overweight — —

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Feb 1956 to July 25 1970, that (I) (we) last saw the deceased alive on April 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Burton V. Lock MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/26/70
23C. PHYSICIAN'S NAME (Type): BURTON V. LOCK DEGREE
23D. ADDRESS: 2936 E. Baltimore St. Baltimore Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-29-70
24C. NAME of CEMETERY or CREMATORY: Holy Rosary Cem.
24D. LOCATION (City, town, or county) (State): Balto. Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Foxberg M.D.
25C. FUNERAL DIRECTOR: W. Fialkowski ADDRESS: 2007 Eastern

VS 150-REV. 1/1/6B

H-400 70 7412 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 70 7412

1. NAME OF DECEASED (Type or Print): Carroll RODNEY HALL

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 7 Day 23 Year 1970 Hour 1:45 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 31 City Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 104

6. SEX: Male
7. RACE: White
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: Apr 16 1936
10. AGE (In years last birthday): 34
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

E. STREET AND NUMBER: 2416 Hudson St.

11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: John Hall

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Smealter Opt
14B. KIND OF BUSINESS OR INDUSTRY: Penco Corp
15. MOTHER'S MAIDEN NAME: Lenora Isaacs

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): 1953 to Oct 1957
17. SOCIAL SECURITY NO.: 406 42 5115
18. INFORMANT: Elizabeth Hall ADDRESS: 2123 E Fairmount Ave 21231

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E 815.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Sepsis
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) multiple traumatic injuries
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 3
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Ponca St. 2607

22D. TIME OF INJURY (APPROX.): (Month) 7-4-70 (Day) (Year) (Hour) 2:15 A.m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Driver in auto-fixed obj. collision.

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Isidore Mihalakis, M.D. M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 7-24-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 27 1970
24C. NAME of CEMETERY or CREMATORY: Baltimore National Cem.
24D. LOCATION (City, town, or county) (State): Frederick Rd Balto Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: The Dippel Bros Inc ADDRESS: 1800 E Lombard St

VS 151-REV. 1/1/68

N 869.0

sab-57-23-27

D-142 70 7413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7413

BIRTH NO.

1. NAME OF DECEASED (Type or Print): DE FELICE, VINCENZO

2. DATE AND HOUR OF DEATH: 7/21 70 5-50 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

31 BALTIMORE CITY HOSPITALS 21224
4940 Eastern Avenue, Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 2608

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 200 South Conkling Street 21224

5. SEX: Male 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 3-10-90 9. AGE (In years last birthday): 80 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel angle worker 10B. KIND OF BUSINESS OR INDUSTRY: Steel

11. BIRTHPLACE (State or foreign country): Italy 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin

14. MOTHER'S MAIDEN NAME: Mickalene

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-20-8646-A

17. INFORMANT: Records: BCH-4940 Eastern Avenue ADDRESS: 21224

18. CAUSE OF DEATH

MEDICAL CERTIFICATION

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIAC ARREST. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 Hours

DUE TO, OR AS A CONSEQUENCE OF: ASPHYXIA DUE TO ASPIRATION — 5 min.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): (?) CARCINOMA OF OESOPHAGUS. — MONTHS

19A. DATE OF OPERATION: 2 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/14 19 70 to 7/21 70 19 that (I) (we) last saw the deceased alive on 7/21 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: James K-H Yeung M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ — 23B. DATE SIGNED: 7/21/70

23C. PHYSICIAN'S NAME (Type): JAMES K-H. YEUNG James K-H. Yeung DEGREE

23D. ADDRESS: 4940 Baltimore City Hospitals Eastern Ave. Baltimore, Md. 21224

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial 24B. DATE: 7/23/70 24C. NAME of CEMETERY or CREMATORY: Sacred Heart Cem 24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970 25B. NAME OF REGISTRAR: Robert E. Talbert, M.D. 25C. FUNERAL DIRECTOR: Joseph M Zonnis ADDRESS: 263 S Conkling St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

57-26-84 djs

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-530 70 7414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7414

1. NAME OF DECEASED (Type or Print): Robert Bennett

2. DATE AND HOUR OF DEATH: 7/22/70 2:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2609
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3407 O'Donnell Street 21224

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11-5-38
9. AGE (In years last birthday): 31
If Under 1 Yr. Months: Days: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10B. KIND OF BUSINESS OR INDUSTRY: Norris Ford
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Noah A. Bennett
14. MOTHER'S MAIDEN NAME: Myra Donaldson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): 4/4/56-10/1959
16. SOCIAL SECURITY NO.: 216-34-4695
17. INFORMANT: 4940 Eastern Avenue
ADDRESS: BCH: Records Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardiac Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2½ hrs
DUE TO, OR AS A CONSEQUENCE OF:
(B) Acute Myocardial infarction 3 days
DUE TO, OR AS A CONSEQUENCE OF:
(C) Congestive heart failure 2 days

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): —

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 7/20/70 19 70 to 7/22 19 70, that (I) (we) last saw the deceased alive on 7/22 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Joel Chasis M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7/22/70
23C. PHYSICIAN'S NAME (Type): Joel Chasis M.D. DEGREE
23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/25/70
24C. NAME of CEMETERY or CREMATORY: Sacred Heart
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: Joseph H. Zoanes
ADDRESS: 263 Lombard St

VS 150-REV. 1/1/68

B-652

BIRTH NO. 70 7415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7415

1. NAME OF DECEASED (Type or Print): Maria Santa Barranco

2. DATE AND HOUR OF DEATH: July 21, 1970 — 2:00 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3919 1/2 Juniper Road

00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland — B. COUNTY: Balto. 5300

C. CITY OR TOWN: Baltimore, Maryland — D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1104 Arran Road

5. SEX: Female — 6. RACE: White — 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 8/10/1890 — 9. AGE (In years last birthday): 79 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Italy — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Salvatore Alcarese — 14. MOTHER'S MAIDEN NAME: Maria Morelli

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-54-2910

17. INFORMANT: J1 Mrs. S. Fava — ADDRESS: 3919 1/2 Juniper Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of lung — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 3/4 yrs.

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Rheumatoid arthritis — 5 yrs.

19A. DATE OF OPERATION: 0 — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No — 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from fall 1965 to present 19..., that (I) (~~we~~) last saw the deceased alive on July 20 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: H. F. Klinefelter M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ] — 23B. DATE SIGNED: 7/23/70

23C. PHYSICIAN'S NAME (Type): H. F. Klinefelter M.D. DEGREE — 23D. ADDRESS: 550 N. Broadway, Balto., Md., 21205

24A. BURIAL CREMATION, REMOVAL (Specify): 7/24/70 - Burial — 24B. DATE: 7/24/70 — 24C. NAME of CEMETERY or CREMATORY: New Cathedral — 24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970 — 25B. NAME OF REGISTRAR: Robert E. Farley, M.D. — 25C. FUNERAL DIRECTOR: COOK-ZANNINO — ADDRESS: Joseph N. Zannino - 7200 Harford Rd.

VS 150-REV. 1/1968

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

H-625
G-650
H-325
G-630

39/99

M-625 70 7416

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 70 7416

1. NAME OF DECEASED (Type or Print): WILLIAM JAMES MORGAN (aka)

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: July; Day: 18; Year: 1970; Hour: M.

3. DATE PRONOUNCED DEAD — Month: July; Day: 18; Year: 1970; Hour: 3:50 A M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Provident Hospital (DOA)
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): (Melvin Harrison, Melvin Graham, James Hudson, Melvin Grady, etc.)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2301
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [ ] NO [ ]
E. STREET AND NUMBER: 1335 Eutaw St.

6. SEX: Male
7. RACE: Negro
8. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: May 5, 1934
10. AGE (In years last birthday): 36
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Covington, Virginia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: JAMES H. HUDSON
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: BEATRICE MORGAN
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: NOT KNOWN
18. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E965 X

(A) IMMEDIATE CAUSE: Gunshot wound of chest
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): In front of 1327 Pennsylvania Ave. 1702
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 7-18-70 3:35 A m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [X]
22F. HOW DID INJURY OCCUR? Victim of hold-up on street

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [ ] Suicide [ ] Homicide [X] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: 7-24-70

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7/27/70
24C. NAME of CEMETERY or CREMATORY: MT. CALVARY CEM.
24D. LOCATION (City, town, or county) (State): ANNE ARUNDEL COUNTY MD

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR — ADDRESS: ADOLPHUS A. HALSTEAD — 1306 W. NORTH AVE

VS 15T-REV. 1/1/68

N 875.1

W-325 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7417 REG. NO. 70 7417

1. NAME OF DECEASED (Type or Print): WOODSON, John Sidney

2. DATE AND HOUR OF DEATH: 7-23-70 | 10:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital, 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1002
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 933 Wilmot Ct

5. SEX: Male
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 11-9-91
9. AGE (in years last birthday): 78
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Amelia County, Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: James Woodson
14. MOTHER'S MAIDEN NAME: Annie
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): 10-26-17 to 6-18-19
16. SOCIAL SECURITY NO.: 218-09-94-72
17. INFORMANT: VA Hospital Records, Baltimore, Maryland 21218 ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

1B. 492 x 1621

(A) IMMEDIATE CAUSE: Bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 week

DUE TO, OR AS A CONSEQUENCE OF:

(B) Pulmonary Emphysema — 4 years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: Peripheral Carcinoma of the lung

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from July 15, 19 70 to July 23, 19 70 that I (we) last saw the deceased alive on July 23, 19 70 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ronald S. Pototsky M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: July 26, 1970
23C. PHYSICIAN'S NAME (Type): Ronald S. Pototsky M.D. DEGREE
23D. ADDRESS: 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-28-70
24C. NAME of CEMETERY or CREMATORY: Balto. Nat. Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Emory D. Wilson
ADDRESS: 1000 Bentley Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

R-263 1

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7418 REG. NO. 70 7418

1. NAME OF DECEASED (Type or Print): Mary Richards

2. DATE AND HOUR OF DEATH: 7-25-70 11:47 | 11.50P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE CITY 1501
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1505 BAKER STREET

5. SEX: FEMALE
6. RACE: NEGRO
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 12-25-86
9. AGE (In years last birthday): 83
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Elberton GA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM ECTOR
14. MOTHER'S MAIDEN NAME: MARTHA

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-18-1460
17. INFORMANT: MATTIE LATNER ADDRESS: 2132 Hartford

CAUSE OF DEATH

18. 412.4 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiovascular Collapse — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 60 min
DUE TO, OR AS A CONSEQUENCE OF:
(B) Pulmonary Embolus or Myocardial Infarct
DUE TO, OR AS A CONSEQUENCE OF:
(C) Atherosclerotic Cardiovascular Disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Recent below knee amputation operation

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 7/23/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Gangrene
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? NONE

22. I certify that I (this hospital) attended the deceased from July 23 1970 to July 25 1970 that (I) (we) last saw the deceased alive on July 25 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: G. B. Buckley MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/25/70
23C. PHYSICIAN'S NAME (Type): G.B.BUCKLEY DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION REMOVAL (Specify): Burial
24B. DATE: 7-29-70
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary
24D. LOCATION (City, town or county) (State): Cedgy Hill Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Wesley Chavis Jr. ADDRESS: 1922 Edmondson

VS 150-REV. 1/1/68

W-160 70 7419

BIRTH NO.

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 70 7419

1. NAME OF DECEASED (Type or Print): Webber, Hilda Leona

2. DATE AND HOUR OF DEATH: 7-23-70 | 10:59 A. M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. PHS Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Frederick Co. 60-00

C. CITY OR TOWN (If outside city limits, write RURAL and give township): Middletown

D. STREET ADDRESS (If rural, give location): None

5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Female	White	Married	11-9-22	47		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	-- ownhome	Maryland	U.S.A.

13. FATHER'S NAME: Ottie Aushberman

14. MOTHER'S MAIDEN NAME: Bertha Fink

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	--	None	U.S. PHS Hospital; Balto.,	Maryland 21211

MEDICAL CERTIFICATION

CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
18. I	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Hodgkin's disease	4 years
	DUE TO (B)	
	DUE TO (C)	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
No	--	Yes	Yes

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I)(this hospital) attended the deceased from July 19 1970 to July 23 1970, that (I) (we) last saw the deceased alive on July 23 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I)(We) (did) (did not) view the body after death.

23A. SIGNATURE: Samuel P. Ward, M.D. — M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 7-23-70 bvs

23C. PHYSICIAN'S NAME (Type): SAMUEL P. WARD, Surgeon (R) M.D.

23D. ADDRESS: U.S. Public Health Service Hospital; Balto, Md 21211

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	7/26/70	Locust Valley Cemetery Ch. of God	Middletown, Fredk. Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. Farley, M.D.

25C. FUNERAL DIRECTOR: Gladhill Company, Middletown, Md.

ADDRESS

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-512 70 7420

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7420

1. NAME OF DECEASED (Type or Print): Simpson, Robert H.

2. DATE AND HOUR OF DEATH: July 20, 1970 | 4:20 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: 1201

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [✓] NO [ ]

E. STREET AND NUMBER: 100 W. Univ. Pkwy

5. SEX: M

6. RACE: W

7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 03-25-70

9. AGE (In years last birthday): 100

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer

10B. KIND OF BUSINESS OR INDUSTRY: Law

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Simpson

14. MOTHER'S MAIDEN NAME: Catherine Crosby

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 246 1855J

17. INFORMANT: Kathryn B. Bonsal

ADDRESS: 607 St. Francis Rd.

MEDICAL CERTIFICATION

1B. 185 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Pneumonia — 5 days

DUE TO, OR AS A CONSEQUENCE OF: (Spontaneous)

(B) Fracture Right Femur — 6 weeks

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

Prostatic Carcinoma

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): None

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): None

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): None

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR? No evidence of trauma

22. I certify that (I) (this hospital) attended the deceased from 5/31/70 19 70 to July 20 19 70 that (I) (we) last saw the deceased alive on July 19 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Omar D. Crothers III MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]

23B. DATE SIGNED: 7/20/70

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS: Union Memorial Hosp, Balt. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 7/22/70

24C. NAME of CEMETERY or CREMATORY: LOUDON PARK CEMETERY

24D. LOCATION (City, town, or county) (State): FREDERICK RD. BALTO. MD.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. [illegible]

25C. FUNERAL DIRECTOR: MITCHELL WIEDEFELD HOME

ADDRESS: 6500 York Rd

VS 150-REV. 1/1/68

Released on Approval of Medical Examiner

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. R-500 70 7421 WILLIAM E. RONEY

REG. NO. 70 7421

1. NAME OF DECEASED (Type or Print): William E. Roney

2. DATE AND HOUR OF DEATH: July 21, 1970 9:00 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University of Maryland Hospital 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: BALTIMORE Co. 53-00

C. CITY OR TOWN: Cockeysville D. INSIDE CITY LIMITS? YES [ ] NO [X]

E. STREET AND NUMBER: 210 Warren Road.

5. SEX: Male 6. RACE: Caucasian. 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 6/2/42 9. AGE (In years last birthday): 28 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elec. Engineer 10B. KIND OF BUSINESS OR INDUSTRY: Westinghouse. Elec. 11. BIRTHPLACE (State or foreign country): Minnesota. 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: William A. Roney 14. MOTHER'S MAIDEN NAME: Thora Larsen.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 472-46-6661 17. INFORMANT: MRS. WENDIE RONEY (WIFE) ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A)	IMMEDIATE CAUSE: Hepatitis	3 mos.
	DUE TO, OR AS A CONSEQUENCE OF:	
(B)	Multiple transfusions	7 mos.
	DUE TO, OR AS A CONSEQUENCE OF:	
(C)	Chronic glomerulonephritis	9 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 1 1970 to July 21 1970 that (I) (we) last saw the deceased alive on July 20 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard W. Mellinger M.D. DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] 23B. DATE SIGNED: 7/21/70

23C. PHYSICIAN'S NAME (Type): Richard W. Mellinger M.D. DEGREE 23D. ADDRESS: 1120 Punjab Drive. Balt. Md. 21221

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL 24B. DATE: 7/25/70 24C. NAME of CEMETERY or CREMATORY: OAK HILL, MINN. 24D. LOCATION (City, town, or county) (State): MINN.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970 Robert E. Farber, M.D. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR: MITCHELL-WIEDEFELD HOME & BARNEY-ANDERSON-LELAND FUN. HOME ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. K-520 70 7422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 7422

1. NAME OF DECEASED (Type or Print): KING Clarence

2. DATE AND HOUR OF DEATH: 7-21-1970 | 10 19 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: UNION MEMORIAL HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore 5300
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 6325 N. CHARLES STRI.

5. SEX: MALE 6. RACE: WHITE 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12-30-75 9. AGE (In years at last birthday): 94 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY: PRINTING COMP.
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: EDWIN KING
14. MOTHER'S MAIDEN NAME: BISHOP
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-03-4392A
17. INFORMANT: Howard W. King ADDRESS: 6325 N. Charles St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: BRONCHOPNEUMONIA
DUE TO, OR AS A CONSEQUENCE OF:
(B) ASCVD
DUE TO, OR AS A CONSEQUENCE OF:
(C) CONGESTIVE HEART FAILURE

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6-16 1970 to 7-21 1970 that (I) (we) last saw the deceased alive on 7-21 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. P. Mikus MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type): J. P. MIKUS MD. DEGREE
23D. ADDRESS: UMH

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/25/70
24C. NAME of CEMETERY or CREMATORY: Druid Ridge Cem.
24D. LOCATION (City, town, or county) (State): Pikesville Balto. Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Mitchell-Wiedefeld Home ADDRESS: 6500 York Rd.

VS 150-REV. 1/1/68

RELEASED AS NON-MED BY THE M.E. OFFICE 7/23/70

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. G-620 70 7423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7423

1. NAME OF DECEASED (Type or Print): JUDY ANN GRACE

2. DATE AND HOUR OF DEATH: 7-23-70 7 30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: ABERDEEN HARFORD COUNTY
C. CITY OR TOWN: ABERDEEN
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 10 MARKET STREET 62-28

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2-15-52
9. AGE (In years last birthday): 18
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Richlands, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: HURLEY SHORT
14. MOTHER'S MAIDEN NAME: GENEVA HELBERT
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): N/A
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Donald G. Grace, ADDRESS: Aberdeen, Maryland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

070 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: HEPATIC COMA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 days
DUE TO, OR AS A CONSEQUENCE OF:

(B) ACUTE FULMINANT HEPATITIS — 16 days
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-21 19 70 to 7-23 19 70 that ~~(I)~~ (we) last saw the deceased alive on 7 29 PM 7-23 19 70 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Trexler M Topping MD DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7-23-1970
23C. PHYSICIAN'S NAME (Type): TREXLER M. TOPPING DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-26-70
24C. NAME of CEMETERY or CREMATORY: St Paul Lutheran Cemetery
24D. LOCATION (City, town, or county) (State): Aberdeen, Harford Co. Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Webster McCombs Jr.
ADDRESS: Tarring Funeral Home, Aberdeen Md

VS 150-REV. 1/1/68

1

70 7424 X

T-520

BIRTH NO. Calvert Co., Md.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7424

1. NAME OF DECEASED (Type or Print): KIMBERLY THOMAS

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month July, Day 15, Year 1970, Hour 9:10 A.M.

3. DATE PRONOUNCED DEAD — Month July, Day 15, Year 1970, Hour 9:10 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Maryland — B. COUNTY: CALVERT

6. SEX: Female

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: OWING

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 8-15-69

10. AGE (In years last birthday): If Under 1 Yr. If Under 24 Hrs. — Months: 11, Days, Hours, Min.

E. STREET AND NUMBER: Box 51

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ?

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: m Beatrice Thomas — ADDRESS: Owings, Md.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E988 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bilateral subdural hematomas

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Box 51, Owing, Md. (Calvert County)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): ? m.

22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? ?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☒

ACTUAL SIGNATURE: Charles S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: July 16, 1970

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE: 7-20-70

24C. NAME of CEMETERY or CREMATORY: Mt. Hope CH. Cem

24D. LOCATION (City, town, or county) (State): Sunderland Cal Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: Pinkney E. Sewell — ADDRESS: Prince Frederick, Md.

VS 151-REV. 1/1/68

N 852.0

Letter from M.E.'s office 9-2-70 M.H.

51-92-31 dsk

S-530 70 7425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 7425

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Harriet Smith

2. DATE AND HOUR OF DEATH: 7/18/70 | 4:55 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospital 4940 Eastern Ave. Baltimore, Md. 21224

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4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Calvert 5400
C. CITY OR TOWN: Dunkirk
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: Box 136 Route 4

5. SEX: Female
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 6/17/11
9. AGE (In years last birthday): 59
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Winninger
14. MOTHER'S MAIDEN NAME: Mary Jones.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: BCH Records
ADDRESS: 4940 Eastern Ave. Baltimore, Md. 21224

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiorespiratory arrest
DUE TO, OR AS A CONSEQUENCE OF:
(B) Multiple myeloma
DUE TO, OR AS A CONSEQUENCE OF:
(C) Uremia Sepsis myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Chronic renal failure

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from 7/14 19 70 to 7/18 19 70 that I (we) last saw the deceased alive on 7/18 19 70 and that to my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (did not) view the body after death.

23A. SIGNATURE: Loren G. Lipson MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/18/70
23C. PHYSICIAN'S NAME (Type): Loren G. Lipson, MD DEGREE
23D. ADDRESS: 4940 Eastern Ave. Baltimore, Md. Baltimore City Hospital

24A. BURIAL CREMATION, REMOVAL (Specify):
24B. DATE: 7-20-70
24C. NAME of CEMETERY or CREMATORY: Moses Ch. Cem.
24D. LOCATION (City, town, or county) (State): Lothian A.A. Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Pinkney E. Jewell - Prince Frat Md.
ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

F-300 70 7426

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7426

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William A. Foote

2. DATE OF DEATH — Known ☐ Estimated ☐ — Month: 7 Day: 19 Year: 70 Hour: 12:25 a.m.

3. DATE PRONOUNCED DEAD — Month: 7 Day: 19 Year: 70 Hour: 12:25 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General=

43

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2552

6. SEX: male

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH

10. AGE (In years last birthday): 83 — If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

E. STREET AND NUMBER: 3040 Seamon Avenue

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? Usa

13. FATHER'S NAME: Benjamin Foote

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Sophia Johnson

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

17. SOCIAL SECURITY NO.

18. INFORMANT: Archia Foote — ADDRESS: Lusby Md

MEDICAL CERTIFICATION

19. 151.9

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Carcinoma of stomach

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒

ACTUAL SIGNATURE: Peter Lipkovic M.D.

EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

DATE SIGNED: 7/20/70

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE: 7-24-70

24C. NAME of CEMETERY or CREMATORY: St. John Ch. Cem.

24D. LOCATION (City, town, or county) (State): Lusby Cal. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. Jackson M.D.

25C. FUNERAL DIRECTOR: Pinkney E. Jewell — ADDRESS: Prince Frederick, Md

VS 151-REV. 7/1/68

H-6521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7427

BIRTH NO. (STEFANIA) 70 7427

1. NAME OF DECEASED (Type or Print): STEPHANIE HRYNEWYCZ

2. DATE AND HOUR OF DEATH: 7-24-70 2:30 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1506 CHURCH ST. BALTO. Md. 21226

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 21226 2505

C. CITY OR TOWN: BALTO.

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1506 CHURCH ST.

5. SEX: F.

6. RACE: W.

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: JAN. 26, 1902

9. AGE (In years last birthday): 68

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE KEEPER

10B. KIND OF BUSINESS OR INDUSTRY: CHURCH RECTORY

11. BIRTHPLACE (State or foreign country): UKRAINE

12. CITIZEN OF WHAT COUNTRY? UKRAINE

13. FATHER'S NAME: PETER SOLOWIJ

14. MOTHER'S MAIDEN NAME: STEPHANIE WYNNYCKA

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 080-26-1913

17. INFORMANT: REV. BASIL SOLOWIJ ADDRESS: 1506 CHURCH ST.

MEDICAL CERTIFICATION

18. 1978

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ca of liver c̄ metastasis

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Cachexia severe

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from — 1960 to July 24 1970, that (I) (we) last saw the deceased alive on July 23 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE

Attending Phys. [✓] Mod. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 7/24-70

23C. PHYSICIAN'S NAME (Type): ANDREW LEMISCHKA MD DEGREE

23D. ADDRESS: 2608 E. BALTIMORE ST.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 7-28-70

24C. NAME of CEMETERY or CREMATORY: Fox Chase Cemetery

24D. LOCATION (City, town, or county) (State): Philadelphia, Pa.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: JOHN H. HAHN ADDRESS: 4200 PENNINGTON

VS 150-REV. 1/1/68

AM.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. S 363 70 7428

REG. NO. 70 7428

1. NAME OF DECEASED (Type or Print): CLARA STEWART

2. DATE AND HOUR OF DEATH: JULY 21, 1970 | 3:00 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

HOUSE IN THE PINES BELVEDERE
2525 WEST BELVEDERE AVENUE
BALTIMORE, MARYLAND 21215

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: BALTIMORE, MARYLAND
B. COUNTY: 2798
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3500 Oakmont Avenue

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: March 7, 1893
9. AGE (In years last birthday): 77
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Daniel Tyler
14. MOTHER'S MAIDEN NAME: Hannah Leake

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO. 13: 215-07-3543

17. INFORMANT: Mr. John M. Stewart
ADDRESS: Baltimore, 3500 Oakmont Ave

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Possible Pulmonary Embolus	1 hr.
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Cerebral Thrombosis.	1 yr.
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from July 7 1970 to July 20 1970, that (I) (~~we~~) last saw the deceased alive on July 19 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~saw~~) (did not) view the body after death.

23A. SIGNATURE: Alan B. Cohen DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: July 22, 1970
23C. PHYSICIAN'S NAME (Type): ALAN B. COHEN M.D. DEGREE
23D. ADDRESS: ST. PAUL AND UNIVERSITY PARKWAY

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 24 1970
24C. NAME of CEMETERY or CREMATORY: Holy Cross Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: Frank H. Newell, Pikesville
ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. D-200 70 7429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7429

1. NAME OF DECEASED (Type or Print): RALPH DIX

2. DATE AND HOUR OF DEATH: 7/20/70 7:20 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): #2 SINAI HOSP

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2765
C. CITY OR TOWN: BALTIMORE 11 D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4407 Colmar Garden Dr

5. SEX: M 6. RACE: W 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 9/15/98 9. AGE (In years last birthday): 72 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber 10B. KIND OF BUSINESS OR INDUSTRY: McKewin

11. BIRTHPLACE (State or foreign country): WASH. D.C. 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edgar R. Dix 14. MOTHER'S MAIDEN NAME: Ella Munnis

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 213-01-7597

17. INFORMANT: Mrs. Llewellyn E. Dix ADDRESS: 4407 Colmar Garden Baltimore Md.

CAUSE OF DEATH

18. 412.4

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: days

DUE TO, OR AS A CONSEQUENCE OF:

(B) CVA (cerebral vascular accident) — mos.

DUE TO, OR AS A CONSEQUENCE OF:

(C) ASCVD (arteriosclerotic cardiovascular disease) — yrs.

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/4 1970 to 7/20 1970 that (I) (we) last saw the deceased alive on 7/20/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Alan Steinberg MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 7/20/70

23C. PHYSICIAN'S NAME (Type): ALAN STEINBERG MD DEGREE

23D. ADDRESS: SINAI HOSP

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: July 24 1970 24C. NAME of CEMETERY or CREMATORY: Lorraine Park Cemetery 24D. LOCATION (City, town, or county) (State): Woodlawn Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 27 1970 25B. NAME OF REGISTRAR: Robert E. Farber, M.D. 25C. FUNERAL DIRECTOR: Frank H. Newell ADDRESS: Reisterstown

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

R-220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70-13053 70 7430 REG. NO. 70 7430

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): RUZICKA, JOYCE ANN

2. DATE AND HOUR OF DEATH: 7-27-70 4.00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bon Secours

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 27-02
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 3010 IONA TERRACE

5. SEX: Female
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7-25-70
9. AGE (In years last birthday): If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours: 44 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ROBERT F. RUZICKA
14. MOTHER'S MAIDEN NAME: JOAN M WINKELMANN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. Robert F. Ruzicka- Same
ADDRESS:

MEDICAL CERTIFICATION

18. 776.9 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebral Anoxia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 44 hrs

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Pulmonary hemorrhage — 44 hrs

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I) (this hospital)~~ attended the deceased from 7/25/ 19 70 to 7/27/ 19 70 that (I) (we) last saw the deceased alive on 7/27/ 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: V. Vongvatunyu M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7/27/70.
23C. PHYSICIAN'S NAME (Type): V. VONGVATUNYU MD DEGREE
23D. ADDRESS: Bon Secours Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/29/70
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: Robert E. Fisher, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc., Balto. Md. 21214
ADDRESS:

VS 150-REV. 1/1/68

W-420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7431 REG. NO. 70 7431

1. NAME OF DECEASED (Type or Print): WALLACE, JOHN WILLIAM

2. DATE AND HOUR OF DEATH: 7/25/70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans administration Hospital, 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2631
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4727 Glenarm Ave 21206

5. SEX: Male
6. RACE: Caucasian
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11/20/19
9. AGE (in years last birthday): 50
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Winchester, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William F. Wallace
14. MOTHER'S MAIDEN NAME: Lula Braithwaite

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): 12/1/43 - 7/7/45
16. SOCIAL SECURITY NO.: 215-12-8376
17. INFORMANT: VA Hospital Records
ADDRESS: 3900 Loch Raven Blvd., Balto., Md. 21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: A CUTE MYOCARDIAL INFARCTION
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) ACUTE GASTRO-INTESTINAL BLEEDING
DUE TO, OR AS A CONSEQUENCE OF:
(C) ESOPHAGEAL VARICES due to HEPATIC CIRRHOSIS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 22 19 70 to July 25 19 70 that (I) (we) last saw the deceased alive on July 25 19 70 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Joseph K Marshall Jr MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7-25-70
23C. PHYSICIAN'S NAME (Type): JOSEPH K MARSHALL JR MD DEGREE
23D. ADDRESS: 3900 LOCH RAVEN BLVD BALTIMORE, MARYLAND 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/28/70
24C. NAME of CEMETERY or CREMATORY: Loudon National
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: E. Faber, M.D.
25C. FUNERAL DIRECTOR: Leonard J Ruck Inc. Baltimore, Maryland
ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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B-652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7432

REG. NO. 70 7432

1. NAME OF DECEASED (Type or Print): Margaret Burns

2. DATE AND HOUR OF DEATH: 7-25-70 4:30 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 10 S. East Ave. Baltimore, Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 2610

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 10 S. East Ave.

5. SEX: F 6. RACE: W 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 3-15-1890 9. AGE (in years last birthday): 80 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): sewing machine operator

10B. KIND OF BUSINESS OR INDUSTRY: Clothing

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas L. Burns

14. MOTHER'S MAIDEN NAME: Elizabeth Zilk

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-05-1890

17. INFORMANT: Mrs. Adela Rachuba (niece) ADDRESS: same

MEDICAL CERTIFICATION

18. 1541

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Adenoacarcinoma of Rectum

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: none 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: — 20A. AUTOPSY? (Yes or No): no 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): no

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —

21E. INJURY OCCURRED — While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR? —

22. I certify that (I) ~~(this hospital)~~ attended the deceased from 7-13- 1967 to 4-30- 1969, that (I) (we) last saw the deceased alive on 4-30- 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We) (did)~~ (did not) view the body after death.

23A. SIGNATURE: C. C. Chiu M.D. DEGREE Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 7-25-70

23C. PHYSICIAN'S NAME (Type): C. C. Chiu, M. D. DEGREE

23D. ADDRESS: 1 E. Randall Street, Baltimore, Md. 21230

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 7 28 70 24C. NAME of CEMETERY or CREMATORY: Western 24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970 25B. NAME OF REGISTRAR: Robert E. Farber, M.D. 25C. FUNERAL DIRECTOR: Mc Cully ADDRESS: 130 E. Fort Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

17-620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7433 REG. NO. 70 7433

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): RAY Francis HARRIS

2. DATE AND HOUR OF DEATH: July 21, 1970 | 8 15 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Univ. of Md. Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 401
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 402 W. Pratt St.

5. SEX: M
6. RACE: Cauc.
7. MARITAL STATUS: MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: 12-8-98
9. AGE (In years last birthday): 71
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer
10B. KIND OF BUSINESS OR INDUSTRY: Printing
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: 217 14 0425
17. INFORMANT: Mrs. Florence Richmond
ADDRESS: 1259 Guilford Road Glen Burnie 21061

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute myocardial infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO, OR AS A CONSEQUENCE OF:
(B) ASCVD
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? no.

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 19, 1970 to July 21, 1970 that (I) (we) last saw the deceased alive on July 20, 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Frederick Pearson, MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7-21-70
23C. PHYSICIAN'S NAME (Type): Frederick PEARSON, M.D. DEGREE
23D. ADDRESS: U. of Md Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/24/70
24C. NAME of CEMETERY or CREMATORY: Loudon Park National
24D. LOCATION (City, town, or county) (State): BaltimoreCity, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: William E. Johnson
ADDRESS: 8521 Loch Raven

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. J-200 70 7434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 7434

1. NAME OF DECEASED (Type or Print): ANDREW R JACKAWAY

2. DATE AND HOUR OF DEATH: JULY 26, 1970 5:40 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 91 MONTEBELLO STATE HOSP

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE 53.00
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 8902 HARFORD ROAD

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9-5-21
9. AGE (In years last birthday): 49
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U S A.
13. FATHER'S NAME: ROYAL D JACKAWAY
14. MOTHER'S MAIDEN NAME: LENA M BRAUN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JEAN SGROI ADDRESS: 2429 Woodcroft Rd

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 436.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Hemiplegia (R) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 DAYS
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) C. V. A
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Rheumatic Heart disease c AORTIC INSUFFICIENCY — Yrs

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-22 1969 to JULY 26 1970 that (I) (we) last saw the deceased alive on JULY 26, 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: H. Dangerfield M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7-26-70
23C. PHYSICIAN'S NAME (Type): M. INAYATULLAH M.D. DEGREE
23D. ADDRESS: Montebello Hospital, Baltimore, Md

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7/29/70
24C. NAME of CEMETERY or CREMATORY: GARDENS OF FAITH
24D. LOCATION (City, town, or county): BALTO (State): MD

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: CHAS. F. EVANS & Son ADDRESS: 8802 Harford Rd

VS 150-REV. 1/1/68

1

70 7435 BALTIMORE CITY HEALTH DEPARTMENT

B-620

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 70 7435

CERTIFICATE AMENDED 11/5/71

1. NAME OF DECEASED (Type or Print) LEO M. BROOKS	2. DATE OF DEATH Known ☐ Estimated ☐ Month Day Year Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Agnes Hospital	3. DATE PRONOUNCED DEAD Month 7 Day 23 Year 1970 Hour 4:30 P.M.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY
6. SEX Male; 7. RACE White; 8. MARITAL STATUS: MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN Balto. D. INSIDE CITY LIMITS? YES ☒ NO ☐
9. DATE OF BIRTH 2-6-1914; 10. AGE (In years last birthday) 56; If Under 1 Yr. or Under 24 Hrs.: Months, Days, Hours, Min.	E. STREET AND NUMBER 1733 Wilkens Ave. 19-03
11. BIRTHPLACE (State or foreign country) Baltimore, Md; 12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME John S Brooks
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouseman; 14B. KIND OF BUSINESS OR INDUSTRY Int'l Harvester Co.	15. MOTHER'S MAIDEN NAME Anna Malone
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no; (If yes, give war or dates of service) no; 17. SOCIAL SECURITY NO. 213-10-4929	18. INFORMANT John R Brooks ADDRESS 1733 Wilkens Ave

MEDICAL CERTIFICATION

19. 345.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Epilepsy

~~Arteriosclerotic cardiovascular disease~~

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): ~~Pulmonary tuberculosis, chronic~~

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION 2	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No) yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.

CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED 7-24-70

24A. BURIAL CREMATION, REMOVAL (Specify) Burial	24B. DATE 7-28-70	24C. NAME of CEMETERY or CREMATORY New Cathedral Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md
25A. DATE REC'D BY HEALTH DEPT. JUL 28 1970	25B. NAME OF REGISTRAR Robert E. Faber, M.D.	25C. FUNERAL DIRECTOR Thomas J Kenny Inc	ADDRESS 1600 Hollins St

VS 151-REV. 1/1/68

11/5/70 - Letter from M.E.O.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-550 70 7436

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7436

1. NAME OF DECEASED (Type or Print): MARGARET K. HANNAN

2. DATE AND HOUR OF DEATH: 7-25-70 10:10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 35 CHURCH HOME & HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 602
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 207 N. Rose St 21224

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 3-1-81
9. AGE (In years last birthday): 89
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Norquard
14. MOTHER'S MAIDEN NAME: [redacted] ELIZABETH KAISER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 220 48 9557-J
17. INFORMANT: Mr. Arthur J. Hannan ADDRESS: 207 N. Rose St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ACUTE MYOCARDIAL INFARCTION — Few Hours
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerotic Cardiovascular — YEARS
DUE TO, OR AS A CONSEQUENCE OF:
(C) Disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JULY 25 19 70 to JULY 25 19 70 that (I) (we) last saw the deceased alive on DEAD ON ARRIVAL 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. A. Gongon, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7-25-70
23C. PHYSICIAN'S NAME (Type): MANUEL A. GONGON DEGREE
23D. ADDRESS: CHURCH HOME & HOSP. - BALTO. MD.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-28-70
24C. NAME of CEMETERY or CREMATORY: TRINITY LUTHERAN CEM.
24D. LOCATION (City, town, or county) (State): BALTO. MD.

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Arthur Miller ADDRESS: 2334 Jefferson St

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-520 70 7437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 70 7437

1. NAME OF DECEASED (Type or Print): Haynes Mary Judith

2. DATE AND HOUR OF DEATH: 7-21-70 | 11 45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 34 Bon Secours

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Balto. 5300

C. CITY OR TOWN: Bal

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 115 Beaumont Avenue

5. SEX: F

6. RACE: W

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 08/13/06

9. AGE (In years last birthday): 63

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: Hospital

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Anthony Haynes

14. MOTHER'S MAIDEN NAME: Alice Moullon

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Isabelle Kirby ADDRESS: 115 Beaumont Ave

MEDICAL CERTIFICATION

18. I 410.9

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Thrombosis of left ant. descending	days
DUE TO, OR AS A CONSEQUENCE OF:	Occlusion of Lt. Cor. Art. with myocardial infarct	
(B)	Arteriosclerotic Heart Disease	years
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2 wks

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from July 17 19 70 to July 21 19 70 that (I) ~~(we)~~ last saw the deceased alive on July 21 19 70 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: LoFranco DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 7-21-70

23C. PHYSICIAN'S NAME (Type): Lilia LoFranco M.D. DEGREE

23D. ADDRESS: Bon Secours Hosp. 2025 W. Fayette

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-25-70

24C. NAME of CEMETERY or CREMATORY: New Cathedral

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Farley Cavanaugh ADDRESS: 0. Eberling

VS 150-REV. 1/1/68

Y-420

BIRTH NO. 70-132 70 7438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7438 4

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Daniel Wayne Youells, Jr.

2. DATE AND HOUR OF DEATH: 7/25/70 3:03 AM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: ~~BALTIMORE~~ Howard
C. CITY OR TOWN: ~~Baltimore~~ Elkridge
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 5414 ~~MAIN~~ MAIN STREET, ELKRIDGE

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7-17-70
9. AGE (In years last birthday): If Under 1 Yr. Months: – Days: 8 If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY: ~~Balto, Md.~~
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: DANIEL YOUELLS
14. MOTHER'S MAIDEN NAME: ELVONNA PLYBAN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: D. W. Youells Sr. ADDRESS: 5414 Main St. Elkridge, Md.

CAUSE OF DEATH

18. 750.2 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: inadequate ventilation + perfusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) inability to wean off respirator — 3 days

DUE TO, OR AS A CONSEQUENCE OF: following

(C) ligation of tracheo-esophageal fistula — 3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

① congestive heart failure
② recurrent apneic spells ~~while on~~ before being on respirator

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 7/18 gastrostomy 7/20 fistula repair
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: tracheo-esophageal fistula
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 18 19 70 to July 25 19 70 that (I) (we) last saw the deceased alive on July 25 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gail G. Shapiro DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7/25/70
23C. PHYSICIAN'S NAME (Type): GAIL G. SHAPIRO DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-27-70
24C. NAME of CEMETERY or CREMATORY: David Ridge
24D. LOCATION (City, town, or county) (State): Pikesville, Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: Robert E. Barber M.D.
25C. FUNERAL DIRECTOR: Higinbotham-Slack
ADDRESS: Ellicott City, Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-260 70 7439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7439

1. NAME OF DECEASED (Type or Print): MEEKER, EUGENE EDWARD

2. DATE AND HOUR OF DEATH: JULY 24, 1970 9:00PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 2551

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1011 ROCKHILL AVE

5. SEX: MALE 6. RACE: WHITE 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 03-~~01~~ 19 09 9. AGE (In years last birthday): 61 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PROJECTIONIST 10B. KIND OF BUSINESS OR INDUSTRY: THREATRE

11. BIRTHPLACE (State or foreign country): Md. 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Roland Meeker 14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: ST AGNES HOSPITAL - ADDRESS: BALTO MD 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Necrosis of Cerebella

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

CHIEF, BUREAU OF MEDICAL EXAMINERS

412.41

19A. DATE OF OPERATION: 2 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): YES 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JULY 24 19 70 to JULY 24 19 70 that (I) (we) last saw the deceased alive on JULY 24 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ching-Hui Tsai, M.D. DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] 23B. DATE SIGNED: 7/25/70

23C. PHYSICIAN'S NAME (Type): Ching-Hui Tsai, M.D. DEGREE 23D. ADDRESS: St Agnes Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 7/28/70 24C. NAME of CEMETERY or CREMATORY: Lorraine Park Cem. 24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY REGISTRAR: JUL 28 1970 25B. NAME OF REGISTRAR: Robert E. Talley M.D. 25C. FUNERAL DIRECTOR: Ann Donovan ADDRESS: 3818 Roland Ave.

VS 150-REV. 4-1968

BIRTH NO. H-452 70 7440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7440

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): Robert HOLMES

2. DATE AND HOUR OF DEATH: July 26, 1970 | 5:40 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 90

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Midtown Home, Inc. 808 St. Paul Street Baltimore, Md 21202

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY: 1502

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1832 Lorman Street

5. SEX: Male

6. RACE: Negroid

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 2/22/00

9. AGE (In years last birthday): 70

If Under 1 Yr. Months: | Days: | If Under 24 Hrs. Hours: | Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10B. KIND OF BUSINESS OR INDUSTRY: Rivera Copper Co.

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-10-9909

17. INFORMANT: Audrey Flood

ADDRESS: Rosedale Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

153.3

(A) IMMEDIATE CAUSE: Cardio Respiratory Failure

DUE TO, OR AS A CONSEQUENCE OF:

(B) Generalized Abdominal Metastasis

DUE TO, OR AS A CONSEQUENCE OF:

(C) Carcinoma of Sigmoid

Art. C.V.A.D.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 22 1970 to July 26 1970, that (I) (we) last saw the deceased alive on July 26 1970 and that in (my) ([redacted]) opinion death occurred on the date and hour and from the causes stated above. (I) ([redacted] (did not) view the body after death.

23A. SIGNATURE: Willard Appleferd MD DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED:

23C. PHYSICIAN'S NAME (Type): WILLARD APPLEFERD MD DEGREE

23D. ADDRESS: 6615 Reisterstown Rd

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-30-70

24C. NAME of CEMETERY or CREMATORY: MT. AUBURN CEM.

24D. LOCATION (City, town, or county) (State): BALTO. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970

25B. NAME OF REGISTRAR: Robert E. Farley, M.D.

25C. FUNERAL DIRECTOR: V. Bailey Kelson F.H.

ADDRESS: 1348 N. Calhoun Street

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-53d 70 7441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7441

1. NAME OF DECEASED (Type or Print): EVELYN SMITH

2. DATE AND HOUR OF DEATH: 7/26/70 6:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1501
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1535 Leslie Avenue

5. SEX: F 6. RACE: N c 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 9/14/22 9. AGE (In years last birthday): 48 If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): —
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Tom Hill
14. MOTHER'S MAIDEN NAME: Maude Ruffin

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 228-28-8429
17. INFORMANT: Chas ADDRESS

MEDICAL CERTIFICATION

18. 410.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Ventricular tachycardia — Asystole — 3 mins.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Possible Myocardial Infarction — 6 Days.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/23/70 19 to 7/26 19 70 that (I) (we) last saw the deceased alive on July 26 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Mark M. Applefeld, MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 26 July, 1970
23C. PHYSICIAN'S NAME (Type): MARK M. APPLEFELD, MD DEGREE
23D. ADDRESS: Univ. of Md. Hosp. Balto. Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-30-70
24C. NAME of CEMETERY or CREMATORY: Mt. Pool Church Cem.
24D. LOCATION (City, town, or county) (State): Ford, Va.

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: Robert E. Tarbey M.D.
25C. FUNERAL DIRECTOR: Vernon R. Bailey ADDRESS: Nelson Funeral H. 1348 N. Calhoun St.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. R-152 70 7442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7442

1. NAME OF DECEASED (Type or Print): Mrs. Edwina Ellen Robinson

2. DATE AND HOUR OF DEATH: July 24, 1970 | 10:20 p.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1538
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 3308 W. Forest Park AVE.

5. SEX: Female 6. RACE: B 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 07/06/02 9. AGE (In years last birthday): 68 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James E. Cole
14. MOTHER'S MAIDEN NAME: Theresa MC Gray

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 217-20-8662
17. INFORMANT: Theresa Nelson (Same) ADDRESS: 542-8334

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

1B. 404X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebral hemorrhage, right parietal lobe — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

DUE TO, OR AS A CONSEQUENCE OF:

(B) Hypertensive Cardiovascular disease — years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: None
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from July 4 1970 to July 24 1970 that (I) ~~(we)~~ last saw the deceased alive on July 24 1970 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: [illegible] M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7-24-70
23C. PHYSICIAN'S NAME (Type): Lilia A. Lofranco M.D. DEGREE
23D. ADDRESS: Bon Secours Hosp. 2025 W. Fayette St.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/28/70
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: O. R. BAILEY ADDRESS: Kelson F.H. 1348 Calhoun St.

VS 150-REV. 1/1/68

BIRTH NO. S-530 70 7443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7443

1. NAME OF DECEASED (Type or Print): William Smith

2. DATE AND HOUR OF DEATH: 7/24/70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 711 Baker Street Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 1501

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 711 Baker Street

5. SEX: Male

6. RACE: Negroid

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 7-17-93

9. AGE (In years last birthday): 77

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Louisiania Co., Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME: Rose

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes

(If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.: 218-05-9722

17. INFORMANT: L. Elizabeth Smith ADDRESS: 711 Baker St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Coronary Occlusion	Several Hrs.
DUE TO, OR AS A CONSEQUENCE OF: (B)	Cerebral Hemorrhage	Week
DUE TO, OR AS A CONSEQUENCE OF: (C)	Hypertension Cardiovascular Ds.	Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 22 1969 to July 24 1970 that (I) (we) last saw the deceased alive on 7-23 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard H. Hunt DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 7/25/70

23C. PHYSICIAN'S NAME (Type): RICHARD H. HUNT DEGREE

23D. ADDRESS: 1607 W. Mulberry St Balto. Md 21223

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-29-70

24C. NAME of CEMETERY or CREMATORY: Balto. Nat'l. Cem.

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970

25B. NAME OF REGISTRAR: Robert E. Farley M.D.

25C. FUNERAL DIRECTOR: V. Bailey Kelson F.H. ADDRESS: 1348 Calhoun Street

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

C-455 70 7444

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7444

1. NAME OF DECEASED (Type or Print): Lacey Coleman Sr.

2. DATE OF DEATH — Known ☐ Estimated ☒ — Month / Day / Year / Hour

3. DATE PRONOUNCED DEAD — Month 7 / Day 25 / Year 1970 / Hour 5:04 PM

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 907

6. SEX: Male

7. RACE: Colored

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 11/19/45

10. AGE (In years last birthday): 24 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

E. STREET AND NUMBER: 2627 Robb Street

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: LACEY COLEMAN, Sr.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

14B. KIND OF BUSINESS OR INDUSTRY: Beth. Shipyard

15. MOTHER'S MAIDEN NAME: Helena Pegram

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.: 219-44-8759

18. INFORMANT: Lacey Coleman ADDRESS: 2627 Robb St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E910.0

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Drowning

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): swimming pool

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Sinclair La. / Washington St. Clifton Swimming Pool, Baltimore 805

22D. TIME OF INJURY (APPROX.) (Month) 7 (Day) 25 (Year) 70 (Hour) 4.00 pm. m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? drowned while diving

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: Werner U. Spitz M.D.

EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner

DATE SIGNED: 7/26/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/29/70

24C. NAME of CEMETERY or CREMATORY: Carver Mem. Pk

24D. LOCATION (City, town, or county) (State): Laurel, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970

25B. NAME OF REGISTRAR: Robert E. Feeney

25C. FUNERAL DIRECTOR: Joseph G. Locke

ADDRESS: 1304 N. Carrollton

VS 151-REV. 7/1/68

BIRTH NO. S-534 70 7445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7445

1. NAME OF DECEASED (Type or Print): Linda Schindhelm

2. DATE AND HOUR OF DEATH: 7/21/70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): General German Aged Home, 22 S. Athol Avenue

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 2864
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 22 S. Athol Avenue

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 11/26/70 82
9. AGE (In years last birthday): 87
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Bange
14. MOTHER'S MAIDEN NAME: Amelia

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-54-7100
17. INFORMANT: General German Aged Home, 22 S. Athol Ave. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

440.9

(A) IMMEDIATE CAUSE: Dehydration + Malnutrition
DUE TO, OR AS A CONSEQUENCE OF:
(B) Senility due to advanced arteriosclerosis
DUE TO, OR AS A CONSEQUENCE OF:
(C) Generalized arteriosclerosis

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 1970 to 21 July 1970, that (I) (we) last saw the deceased alive on 21 July 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: William J. Bryson M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): Dr Wm. J. Bryson DEGREE
23D. ADDRESS: 4605 Edmondson Ave

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/24/70
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: Robert E. Farley M.D.
25C. FUNERAL DIRECTOR: Witzke, 4101 Edmondson Ave., 21229 ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

MJ

P-620 70 7446

BIRTH NO. 70-12977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7446

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): POLLOCK BABY BOY

2. DATE AND HOUR OF DEATH: JULY 14, 1970 1:15P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL 40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTO COUNTY 53-00
C. CITY OR TOWN: ~~BALTIMORE~~
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 2315 WATTERS AVE 21228

5. SEX: BOY M
6. RACE: NEGRO
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7/12/70
9. AGE (In years last birthday): If Under 1 Yr. Months: Days: 2 Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NEW BORN
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: MILTON POLLOCK
14. MOTHER'S MAIDEN NAME: EARLINE (NEE HOUSTON)
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ST. AGNES HOSPITAL RECORDS — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 7599

(A) IMMEDIATE CAUSE: Cardio respiratory failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

DUE TO, OR AS A CONSEQUENCE OF:

(B) Multiple Consenital anomalies

DUE TO, OR AS A CONSEQUENCE OF:

(C) Pneumonia

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JULY 12 19 70 to JULY 14 19 70 that (I) (we) last saw the deceased alive on JULY 14 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: BAIG DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 07-16-70
23C. PHYSICIAN'S NAME (Type): MIRZA BAIG M.D. Mirza Hussain Ali Baig DEGREE
23D. ADDRESS: BALTO, MD 21229 ST. AGNES HOSP; CATON & WILKENS AVES.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/27/70
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Witzke, 4101 Edmondson Av., Balto., Md. 21229 — ADDRESS

VS 150-REV. 1/1/68

57-29-33 TB

H-620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7447 REG. NO. 70 7447

1. NAME OF DECEASED (Type or Print): Harris, William J.

2. DATE AND HOUR OF DEATH: 7/25/70 12:32 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore 53-00

C. CITY OR TOWN: Dundalk D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 6911 Fifth Ave.

5. SEX: Male

6. RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 5-18-09

9. AGE (In years last birthday): 61 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Western Electric

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Harris

14. MOTHER'S MAIDEN NAME: Jenny Mendelis

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-03-5667

17. INFORMANT: RECORDS: Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224 ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

436.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: cerebral vascular accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 16 hours

DUE TO, OR AS A CONSEQUENCE OF:

(B) hypertension — 2-3 years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from 7/24 19 70 to 7/25 19 70 that (I) ~~(we)~~ last saw the deceased alive on 7/25/70 19 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Henry Herrera M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 7/25/70

23C. PHYSICIAN'S NAME (Type): Henry Herrera, M.D. DEGREE

23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Avenue Balto., Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-28-70

24C. NAME of CEMETERY or CREMATORY: St. Stanislaus

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: John J. Duda ADDRESS: 7922 Wise Ave. Dundalk, Md. 21222

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7448 REG. NO. 70 7448

1. NAME OF DECEASED (Type or Print): Hill, Doris Margaret (Doris M. Hill)

2. DATE AND HOUR OF DEATH: 7-26-70 11:12 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University of Maryland Hospital (University of Maryland Hospital) 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 6 53-00
C. CITY OR TOWN: Essex
D. INSIDE CITY LIMITS? YES [ ] NO [X]
E. STREET AND NUMBER: 1716 Glen Curtis Road

5. SEX: Female
6. RACE: White
7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 3-23-21
9. AGE (In years last birthday): 49
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Raymond (Edward R. Myers)
14. MOTHER'S MAIDEN NAME: Margaret A. Hamilton

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-14-9926
17. INFORMANT (Husband): Mr. Charles H. Hill
ADDRESS: 1716 Glen Curtis Road, Essex, Maryland 21221

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Septic Shock
DUE TO, OR AS A CONSEQUENCE OF:
(B) Chronic Renal Failure
DUE TO, OR AS A CONSEQUENCE OF:
(C) Diabetes Mellitus

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

250.9

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NA
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NA
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): NA
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): NA
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] NA
21F. HOW DID INJURY OCCUR? NA

22. I certify that ~~I~~ (this hospital) attended the deceased from 7-23 1970 to 7-26 1970 that ~~I~~ (we) last saw the deceased alive on 7-26 1970 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~I~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Alvin R. Blank M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 7-26-70
23C. PHYSICIAN'S NAME (Type): Alvin R. Blank M. D. DEGREE
23D. ADDRESS: University Hospital, 22 South Green Street, Baltimore, Maryland 21201

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-29-70
24C. NAME of CEMETERY or CREMATORY: Holly Hill Cemetery
24D. LOCATION (City, town, or county) (State): White Marsh, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: John J. Duda
ADDRESS: 7922 Wise Ave. Dundalk, Md. 21222

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

A-230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7449 REG. NO. 70 7449

1. NAME OF DECEASED (Type or Print): HELEN BOST

2. DATE AND HOUR OF DEATH: 7/22/70 7:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY OF MARYLAND HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: 1602
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1123 WHATCOAT ST.

5. SEX: F 6. RACE: N 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 3/26/22 9. AGE (In years last birthday): 48 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABOR
10B. KIND OF BUSINESS OR INDUSTRY: VARIOUS
11. BIRTHPLACE (State or foreign country): MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EARL S. BLACK
14. MOTHER'S MAIDEN NAME: CAROLYN RINGO

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 212-26-1255
17. INFORMANT: HELEN JACKSON ADDRESS: SAME

CAUSE OF DEATH

18. 180X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	TUBULAR NECROSIS ACUTE RENAL FAILURE	1 WK
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	RADIATION NECROSIS & HEMORRHAGE	2 MO.
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	CARCINOMA OF CERVIX	1 YR.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	PNEUMONIA, WOUND INFECTION	1 WK

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 7/18/70 7/20/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: (1) HEMORRHAGE CONTROL (2) TRACHEOSTOMY
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/16/70 1970 to 7/22 1970, that (I) (we) last saw the deceased alive on 7/22 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Sharon Satterfield MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/22/70
23C. PHYSICIAN'S NAME (Type): SHARON SATTERFIELD MD DEGREE
23D. ADDRESS: UNIVERSITY HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7/27/70
24C. NAME of CEMETERY or CREMATORY: Hadway Cem.
24D. LOCATION (City, town, or county) (State): R.F.D. Chestertown, Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970 Robert E. Jaber, M.D.
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR: Kenneth Wolf
ADDRESS: Chestertown, Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-535 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7450 REG. NO. 70 7450

1. NAME OF DECEASED (Type or Print): Beatrice Bawton

2. DATE AND HOUR OF DEATH: 7/22/70 6:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bolton Hill Nursing Home 90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1301
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2437 Madison Avenue 21217

5. SEX: F 6. RACE: Negro 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 8. DATE OF BIRTH: 9-3-04 9. AGE (In years last birthday): 65 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABOR 10B. KIND OF BUSINESS OR INDUSTRY: VARIOUS 11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: VERNON B. HACKETT, SR. 14. MOTHER'S MAIDEN NAME: ROSA SIMMONS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service): — 16. SOCIAL SECURITY NO.: 213-12-2306 17. INFORMANT: ELMER HACKETT ADDRESS: R.F.D. WORTON, MD

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CA of uterus & metastasis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: weeks

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) arteriosclerosis generalized — years

DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/20 1970 to 7/22 1970, that (I) (we) last saw the deceased alive on 7/22 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐ 23B. DATE SIGNED: 7/22/70

23C. PHYSICIAN'S NAME (Type): ALLAN H. MACHT MD DEGREE 23D. ADDRESS: 2 E Read St Balt Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL 24B. DATE: 7/25/1970 24C. NAME of CEMETERY or CREMATORY: Fountiaw Cem. 24D. LOCATION (City, town, or county) (State): R.F.D. WORTON, MD

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970 25B. NAME OF REGISTRAR: Robert E. Farber, M.D. 25C. FUNERAL DIRECTOR: Bennett Walker ADDRESS: Chestertown Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

L-350 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7451 Registered No. 70 7451

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print): Ann Latney

2. DATE AND HOUR OF DEATH: 7-23-70 2 30 P M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MD GEN HOSP 48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1302
C. CITY OR TOWN (If outside city limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 2242 Linden Avenue

5. SEX: F
6. RACE: N
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): [illegible]
8. DATE OF BIRTH: 7-13-19
9. AGE (In years last birthday): 52
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: UNK.
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alex Thornton
14. MOTHER'S MAIDEN NAME: Ada Car.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Dora Monroe ADDRESS: 2221 Callow Ave Balto

MEDICAL CERTIFICATION

18. I 431.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: A INTRA CRAN. HEMORRHAGE
B Cerebro-Vasc. Accident
DUE TO Hypertensive cerebro-vascular disease
C ~~HTN CVD~~
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ASPIRATION PNEUMONIA

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 23 MID 1970 to 7-23 1970 30PM, that (I) (we) last saw the deceased alive on 7-23 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Whitney Houghton M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7-23-70
23C. PHYSICIAN'S NAME (Type): WHITNEY HOUGHTON M.D.
23D. ADDRESS: Md. General Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7/26/70
24C. NAME of CEMETERY or CREMATORY: GETHSEMANE
24D. LOCATION (City, town, or county) (State): KING WILLIAM, VA

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: Morton & Dysert Fun. ADDRESS: Balto. Md

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

53-51-79 TB

A-423

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7452 REG. NO. 70 7452

1. NAME OF DECEASED (Type or Print): Alston, Herbert

2. DATE AND HOUR OF DEATH: 7/25/70 6:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1703
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 931 Argyle Ave

5. SEX: Male
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2-21-1901
9. AGE (In years last birthday): 69
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Social Security
10B. KIND OF BUSINESS OR INDUSTRY: Unemployed.
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JOHN
14. MOTHER'S MAIDEN NAME: MARY
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-01-4274
17. INFORMANT RECORDS: Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224 — ADDRESS

MEDICAL CERTIFICATION

18. 162.1

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardiac Arrest — 5 mins
DUE TO, OR AS A CONSEQUENCE OF: Terminal Disease
(B) (L) & possible (R) sq cell CA lung — 17 mos.
DUE TO, OR AS A CONSEQUENCE OF:
(C) Adeno CA prostate — 16 mos

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2/26/65 3/19/65
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Lung (L) sq cell CA Prostate Adeno CA
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/3 19 70 to 7/25 19 70 that (I) (we) last saw the deceased alive on 7/25/70 5:15 P.M. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Michael W. Pozen M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7/25/70
23C. PHYSICIAN'S NAME (Type): Michael W. Pozen, M.D. — Michael W. POZEN, M.D. DEGREE
23D. ADDRESS: Baltimore City Hospitals, 4940 Eastern Avenue Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-28-70
24C. NAME of CEMETERY or CREMATORY: MT Auburn
24D. LOCATION (City, town, or county) (State): Balto, Md.
25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Morton & Dyett F.H.
ADDRESS: 1701 Laurens

VS 150-REV. 1/1/68

6-320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7453 REG. NO. 70 7453

1. NAME OF DECEASED (Type or Print): LELA GATES

2. DATE AND HOUR OF DEATH: 7/26/70 4:00 p.m. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital of Maryland 4th Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 1607
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2905, ELLICOTT DRIVEWAY

5. SEX: F 6. RACE: N 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 01/02/93 9. AGE (In years last birthday): 77 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): GEORGIA 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANK MC COY 14. MOTHER'S MAIDEN NAME: MARY MC COY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-01-3863

17. INFORMANT: Mr. MARVIN L. Gates ADDRESS: SAME

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 174X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary embolism — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF: Thrombophlebitis Ⓒ Carcinoma Breast with Secondaries.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 7/21/70 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Carcinoma (L) Breast 20A. AUTOPSY? (Yes or No): YES 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): — 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): — 21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 7/9/70 19__ to 7/26/ 1970 that (I) (we) last saw the deceased alive on 7/26/70 19__ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: S Basu DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ 23B. DATE SIGNED: 7/26/70

23C. PHYSICIAN'S NAME (Type): S. BASU M.D. DEGREE 23D. ADDRESS: Lutheran Hospital of Maryland Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 7-30-70 24C. NAME of CEMETERY or CREMATORY: Arbutus MEM. PARK 24D. LOCATION (City, town, or county) (State): Arbutus, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970 25B. NAME OF REGISTRAR: Robert E. Jackey M.D. 25C. FUNERAL DIRECTOR: Morton E. Dyott F. H. ADDRESS: 1701 LAUREN Street

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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Released by Coroner's Office - Dr. Spitz

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7454 REG. NO. 70 7454

1. NAME OF DECEASED (Type or Print): RUTH C. ARNOLD

2. DATE AND HOUR OF DEATH: 7-26-70 12:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3601 Greenway

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 12.01
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3601 Greenway

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 7-13-1911
9. AGE (In years last birthday): 59 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Reg. Nurse
10B. KIND OF BUSINESS OR INDUSTRY: Medical
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Guy E. Carlisle
14. MOTHER'S MAIDEN NAME: Annabelle Caylor
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-30-7500
17. INFORMANT: Mrs. Guy E. Carlisle ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic heart disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 5/27 1952 to 7/26 1970 that (I) (~~we~~) last saw the deceased alive on July 22 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Norman R Freeman Jr MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/27/70
23C. PHYSICIAN'S NAME (Type): Norman R. Freeman Jr. MD DEGREE
23D. ADDRESS: 11 W. 39th St., Balto., Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-29-70
24C. NAME of CEMETERY or CREMATORY: Lorraine Park
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: H.W. Jenkins & Sons Co. ADDRESS: Balto., Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7455 REG. NO. 70 7455

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

CERTIFICATE AMENDED - 7/31/70

1. NAME OF DECEASED (Type or Print): Jay T. Slimmer

2. DATE AND HOUR OF DEATH: July 28, 1970 12:35 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Sinai Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 12 02
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 408 Calvin Avenue

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10-24-1887
9. AGE (In years last birthday): 82
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Private Chauffeur
10B. KIND OF BUSINESS OR INDUSTRY: Chauffeuring
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas T. Slimmer
14. MOTHER'S MAIDEN NAME: Virginia Engle

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-03-1805
17. INFORMANT: B1 Mrs. Bertha N. Slimmer ADDRESS: Same

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 412.4

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: minutes

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic C-V Disease — years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
Chronic obstructive lung disease — years

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from January 19 1965 to July 22, 1970 that (I) (~~we~~) last saw the deceased alive on July 22, 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Louis R. Maser M.D. DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7/28/70
23C. PHYSICIAN'S NAME (Type): Dr. Louis R. Maser DEGREE
23D. ADDRESS: 117 W. 29th Street

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-30-1970
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co. ADDRESS: 4905 York Road Balto., Md. 21212

VS 150-REV. 1/1/68

7/21/70 - Correction form from Funeral Director. LBC.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7456 REG. NO. 70 7456

1. NAME OF DECEASED (Type or Print): MARY B. GRAF

2. DATE AND HOUR OF DEATH: July 28, 1970 | 6 30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hosp. 44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 1202
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3309 Abell Ave.

5. SEX: Fem. 6. RACE: Cau. 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 6/8/93 9. AGE (In years last birthday): 77 If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wesley W. Bond
14. MOTHER'S MAIDEN NAME: Ida J. Barrick

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-46-8399
17. INFORMANT: Charles F. Graf ADDRESS: Same

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 410.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardiac Arrest
DUE TO, OR AS A CONSEQUENCE OF:
(B) Am I
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 7/26/70 ~~to~~ to 7/28 19 70 that (I) (~~we~~) last saw the deceased alive on 7/28 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: David J. Powner MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: July 28, 1970
23C. PHYSICIAN'S NAME (Type): David J. Powner MD DEGREE
23D. ADDRESS: Union Memorial Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-30-70
24C. NAME of CEMETERY or CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: H.W. Jenkins & Sons Co. ADDRESS: Balto., Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-526 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7457 REG. NO. 70 7457

1. NAME OF DECEASED (Type or Print): Roy J Kincer

2. DATE AND HOUR OF DEATH: 7-27-70 7:03 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): So Balto Gen Hosp
43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 2544
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 935 Magadon Ct.

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 4/17/02
9. AGE (In years last birthday): 68
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Sbgh Clinic
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Albert Kincer
14. MOTHER'S MAIDEN NAME: Nancy Zimmerman
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Gladys Kincer
ADDRESS: 935 Magadon Ct 21225

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CEREBRO-VASCULAR ACCIDENT — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ONE HALF HOUR
DUE TO, OR AS A CONSEQUENCE OF: ARTERIOSCLEROSIS

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19__ to ____ 19__ that (I) (we) last saw the deceased alive on ____ 19__ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Michael Emley, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7-27-70
23C. PHYSICIAN'S NAME (Type) DEGREE:
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/30/70
24C. NAME of CEMETERY or CREMATORY: Cedar Hill Cem
24D. LOCATION (City, town, or county): Ritchie Hgwy (State): AA Co Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: [illegible]
ADDRESS: [illegible]

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Mayadon ct

EGH
242-9300

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. O'-540 70 7458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 7458

1. NAME OF DECEASED (Type or Print): O'NEILL, JOSEPH ROSS

2. DATE AND HOUR OF DEATH: JULY 26, 1970 4:30 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL WILKENS & CATON AVENUES BALTIMORE, MD. 21229 40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Baltimore 21227 53.00
C. CITY OR TOWN: ~~BALTIMORE~~ Relay
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1608 LINDEN LANE

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 07-05-01
9. AGE (In years last birthday): 69
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INSURANCE MANGR.
10B. KIND OF BUSINESS OR INDUSTRY: INSURANCE
11. BIRTHPLACE (State or foreign country): PHILADELPHIA, PENNA.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: FREDERICK H. O'NEILL
14. MOTHER'S MAIDEN NAME: ELEANOR ROSS

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 160013044
17. INFORMANT: BALTO; MD. 21229
ADDRESS: ST. AGNES RECORDS-CATON & WILKENS AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Rupture of ventricular septum
DUE TO, OR AS A CONSEQUENCE OF: Cardiogenic shock

(B) Acute posteroseptal MI
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JULY 25, 1970 to JULY 26, 1970 that (I) (we) last saw the deceased alive on JULY 26 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ching-Hsi Tsai, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7/27/70
23C. PHYSICIAN'S NAME (Type): Ching-Hsi Tsai, M.D. DEGREE
23D. ADDRESS: St Agns Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-29-1970
24C. NAME of CEMETERY or CREMATORY: Meadowridge Cemetery
24D. LOCATION (City, town, or county) (State): Washington Blvd., Howard Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard
ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-513 70 7459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7459

1. NAME OF DECEASED (Type or Print): KENNETH D. SUMPTER

2. DATE AND HOUR OF DEATH: 7/26/70 6 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: UNIVERSITY OF MARYLAND HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTIMORE 5300
C. CITY OR TOWN: Arbutus ~~XXXXXXXXXXXX~~
D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: 1227 NORTH AVE 21227

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9/21/62
9. AGE (In years last birthday): ~~XX~~ 7
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHILD
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: FRANKLIN R. Sumpter
14. MOTHER'S MAIDEN NAME: ANN PURKS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mr. Franklin R. Sumpter, 1227 North Ave. 21227
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

207.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gastrointestinal hemorrhage — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 days
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Sepsis — Monilia, Staph — 1 week
DUE TO, OR AS A CONSEQUENCE OF:

(C) Acute Leukemia — 2 1/3 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: NONE
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from MARCH 19 70 to JULY 26 19 70 that (I) (we) last saw the deceased alive on JULY 26 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Edward H. Cahill DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): EDWARD H. CAHILL DEGREE
23D. ADDRESS: 1723 STELLA COURT BALTIMORE, MD

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-29-1970
24C. NAME of CEMETERY or CREMATORY: Meadowridge Cemetery
24D. LOCATION (City, town, or county) (State): Washington Blvd., Howard Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard, 4107 Wilkens Ave. 21229
ADDRESS

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. D-610 70 7460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7460

1. NAME OF DECEASED (Type or Print): MYRTLE L. DREHOFF

2. DATE AND HOUR OF DEATH: July 25, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Belvedere-House in the Pines N. Home, Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 53-08
C. CITY OR TOWN: Randallstown
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 3827 Rayton Road

5. SEX: Female
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 1-26-1902
9. AGE (In years last birthday): 68
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John T. Adams
14. MOTHER'S MAIDEN NAME: Birtie

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Donald G. Drehoff
ADDRESS: 3827 Rayton Rd. 21133

MEDICAL CERTIFICATION

18. 1569 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: LIVER FAILURE — 5
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C) BILIARY TREE CARCINOMA — 5 months

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: April 1970
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: C-A
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from April 19 70 to July 19 70 that (I) (we) last saw the deceased alive on 7-25 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Adolph Ulfohn DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7-27-70.
23C. PHYSICIAN'S NAME (Type): Adolph Ulfohn DEGREE
23D. ADDRESS: 6821 Reisterstown Rd #15

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-28-1970
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: Robert E. Faxberg, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard
ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

E-163

BIRTH NO. 70 7461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7461

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Evert, William C.

2. DATE AND HOUR OF DEATH: July 26, 1970 | 5:35 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 6 53-00
C. CITY OR TOWN: ~~Baltimore~~ Halethorpe
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1405 Avon Ct.

5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5-18-05
9. AGE (In years last birthday): 65 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST
10B. KIND OF BUSINESS OR INDUSTRY: MANUFACTURING
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: CHARLES A EVERT
14. MOTHER'S MAIDEN NAME: THERESA FEUSTAL
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-10-1117
17. INFORMANT: BALTO MD 21229 ADDRESS: ST AGNES' RECORDS CATON & WILKENS AVES

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

161.9

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: shock, hemmorragic — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: one hour

DUE TO, OR AS A CONSEQUENCE OF:

(B) squamous cell carcinoma, larynx

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): chronic heart disease

19A. DATE OF OPERATION: 6-7-70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: carcinoma larynx
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) ☐ ☐
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from July 19 69 to July 26 19 70 that (I) (~~we~~) last saw the deceased alive on July 26, 1970 19 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did ~~not~~) view the body after death.

23A. SIGNATURE: Anthony F. Hammond MD DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7-26-70
23C. PHYSICIAN'S NAME (Type): Anthony F. Hammond MD DEGREE
23D. ADDRESS: 3350 Wilkens Avenue, Balto., Md. 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-28-1970
24C. NAME of CEMETERY or CREMATORY: Lorraine Park Cemetery
24D. LOCATION (City, town, or county) (State): Woodlawn, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: Robert E. Talbey, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard, 4107 Wilkens Ave. ADDRESS: 21229

VS 150-REV. 1/1/68

2-9-70
6-7-70 - last operation - record room - St Agnes - 7-29-70 - GN.

1

G-620 70 7462 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7462

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mr. Viola Grasso

2. DATE OF DEATH: Known [X] Estimated [ ] Month Day Year Hour

3. DATE PRONOUNCED DEAD: Month 7 Day 25 Year 1970 Hour 8:39 PM

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2101

6. SEX: Female
7. RACE: White
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: March 20, 1909
10. AGE (In years last birthday): 61 ~~60~~ If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 606 Washington Blvd.

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Unknown

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 137-14-9618
18. INFORMANT: Mr. John H. Ripley, Jr. ADDRESS: 6005 Keithmont Ct. 21228

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E800X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cranio-cerebral injury
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 7/24/70
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED: subdural hematoma
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 402 W. Pratt Street

22D. TIME OF INJURY (APPROX.) (Month) 7 (Day) 23 (Year) 1970 (Hour) ? m.
22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
22F. HOW DID INJURY OCCUR? allegedly fell down stairs

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [X] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ] Deputy Chief Medical Examiner
DATE SIGNED: 7/26/70

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 7-28-1970
24C. NAME of CEMETERY or CREMATORY: Loudon Park Crematory
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Howard H. Hubbard ADDRESS: 4107 Wilkens Ave. 21229

VS 151-REV. 1/1/68

F-210

BIRTH NO. 70 7463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7463

1. NAME OF DECEASED (Type or Print): LEONA FISHPAW LEONA MAY FISHPAW

2. DATE AND HOUR OF DEATH: 4.15 am 7/23/70 4:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL

44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 1202

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: ~~[illegible]~~ 3100 GREENMOUNT AVE.

5. SEX: F

6. RACE: W

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 2/5/898

9. AGE (In years last birthday): 72

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE KEEPING

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: WM. J. ROLPH

14. MOTHER'S MAIDEN NAME: CLARA McCLAIN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-03-7849

17. INFORMANT: PATIENT'S CHART ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 410.9

(A) IMMEDIATE CAUSE: Cardiac arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 hours

DUE TO, OR AS A CONSEQUENCE OF:

(B) M.I

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7.45 pm July 22 19 70 to 4.15 am July 23 19 70 that (I) (we) last saw the deceased alive on 4.15 am July 23 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J Khoury M.D DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: July 23 1970

23C. PHYSICIAN'S NAME (Type): JACQUES KHOURY DEGREE

23D. ADDRESS: UNION MEMORIAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 7/27/70

24C. NAME of CEMETERY or CREMATORY: CATHEDRAL CEM.

24D. LOCATION (City, town, or county) (State): BALTO.

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970

25B. NAME OF REGISTRAR: Robert E. Fisher, M.D.

26. FUNERAL DIRECTOR: MITCHELL-WIEDEFELD HOME ADDRESS: 6500 YORK RD. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

V-526 70 7464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7464

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ellsworth H. Van Newkirk

2. DATE AND HOUR OF DEATH: July 24, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 2544

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [x] NO [ ]

E. STREET AND NUMBER: 902 Washburn Ave.

5. SEX: Male 6. RACE: White 7. MARRIED [x] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Oct. 2, 1911 9. AGE (In years last birthday): 58 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

10B. KIND OF BUSINESS OR INDUSTRY: Stanbaugh Bros.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis

14. MOTHER'S MAIDEN NAME: Addie Helmes

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Elizabeth Van Newkirk 902 Washburn Ave. ADDRESS 21225

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

18. 191X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Respiratory & cardiac failure.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Recurrent brain tumor (astrocytoma)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1967 to 1970, that (I) (we) last saw the deceased alive on 5 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 7-27-70

23C. PHYSICIAN'S NAME (Type): Howard Moses MD DEGREE

23D. ADDRESS: 819 Park Ave. Balto 21201

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/27/70

24C. NAME of CEMETERY or CREMATORY: Meadowridge Mem. Park

24D. LOCATION (City, town, or county) (State): Elkridge, Md. Howard County

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: McCully Funeral Home 237 Patapsco Ave. ADDRESS 21225

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-522 70 7465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 70 7465

1. NAME OF DECEASED (Type or Print): JOSEPH R. SANCHEZ

2. DATE AND HOUR OF DEATH: JULY 26 1970 | 11 30 AM. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIV. MARYLAND HOSPITAL 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: CARROLL 56-27
C. CITY OR TOWN: WESTMINSTER D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 502 EAST MAIN ST.

5. SEX: M 6. RACE: CAU. 7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 9/26/32 9. AGE (In years last birthday): 37 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER 10B. KIND OF BUSINESS OR INDUSTRY: HORSE-TRANSFER 11. BIRTHPLACE (State or foreign country): USA BALTIMORE, MD 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph R. Sanchez 14. MOTHER'S MAIDEN NAME: LOTTIE MAY FRIZZELL

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service): — 16. SOCIAL SECURITY NO.: 215-28-2983 17. INFORMANT: CHART. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: CARDIAC ARREST — 30 MIN.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Pulmonary embolism. — 1 week.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 7/19/70 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Pulmonary Embolus 20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 7/17/70 19 70 to 7/26 19 70 that ~~(I)~~ (we) last saw the deceased alive on 7/26 19 70 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: James M. Blackford MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ — 23B. DATE SIGNED: 7/26/70

23C. PHYSICIAN'S NAME (Type): JAMES M. BLACKFORD MD. DEGREE 23D. ADDRESS: UNIV. MARYLAND HOSP.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL 24B. DATE: 7/29/70 24C. NAME of CEMETERY or CREMATORY: WESTMINSTER CEMETERY 24D. LOCATION (City, town, or county) (State): WESTMINSTER MD.

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970 25B. NAME OF REGISTRAR: Robert E. Jake, MD 25C. FUNERAL DIRECTOR: J. S. Myers, Jr. ADDRESS: Westminster, Md.

VS 150-REV 1/1/

57-12-08 IL 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-420 70 7466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7466

1. NAME OF DECEASED (Type or Print): Schulze, Herman William

2. DATE AND HOUR OF DEATH: 7-23-70 3:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore, city Hospitals, 4940 Eastern Avenue, Baltimore, Maryland #21224

31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 701
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [XX] NO [ ]
E. STREET AND NUMBER: 625 North Potomas Street #21205

5. SEX: Male
6. RACE: White
7. MARRIED [XX] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1-6-09
9. AGE (In years last birthday): 61
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tavern
10B. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): Maryland, Baltimore
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Herman
14. MOTHER'S MAIDEN NAME: Caroline

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-05-9193
17. INFORMANT: Records: Baltimore City Hospitals
ADDRESS: 4940 Eastern Avenue #21224

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 573.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: HEPATO-RENAL FAILURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 Month
DUE TO, OR AS A CONSEQUENCE OF:
(B) ~~Not yet determined~~
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 26 19 70 to July 23 19 70 that (I) (we) last saw the deceased alive on July 23 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: John Jeremiah Duwell DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 7/23/70
23C. PHYSICIAN'S NAME (Type): Jo John J Duwell M. D. DEGREE
23D. ADDRESS: Baltimore City Hospitals, 4940 Eastern Avenue #21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/27/70
24C. NAME of CEMETERY or CREMATORY: Dulaney Valley Mem. Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: John E. Talbot, M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 2601 E. Madison St.

VS 150-REV. 1M/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. Z-452 70 7467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7467

1. NAME OF DECEASED (Type or Print): BARBARA P. ZELENKA

2. DATE AND HOUR OF DEATH: July 23, 1970 11:45 p. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Mt. Sinai Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. 21205
B. COUNTY: 702
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 809 N. Montford Avenue

5. SEX: female
6. RACE: white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 12/7/82
9. AGE (In years last birthday): 87
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pratical Nurse
10B. KIND OF BUSINESS OR INDUSTRY: Miss Mamie Kriel
11. BIRTHPLACE (State or foreign country): Czechoslovakia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Pavlik
14. MOTHER'S MAIDEN NAME: unknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 219-10-2924A
17. INFORMANT: Evelyn ~~Evelyn~~ Parker, dght. ADDRESS: 3910 Erdman Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinomatosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 yr.
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 4/29 1970 to 7/23 1970 that (I) (we) last saw the deceased alive on 7/23 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Edward S. Kallins MD DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/25/70
23C. PHYSICIAN'S NAME (Type): Dr. Edward S. Kallins DEGREE
23D. ADDRESS: 6000 Park Heights Ave.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/27/70
24C. NAME of CEMETERY or CREMATORY: Bohemian National Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

BIRTH NO. B-620 70 7468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 7468

1. NAME OF DECEASED (Type or Print): Albert Edward Brooks

2. DATE AND HOUR OF DEATH: 7-25-70 | 8.00 p M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hosp. 3001 So. Hanover St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY AA Co. 5200
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 612 Victory Avenue

5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6-3-05
9. AGE (In years last birthday): 65
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Food Fair
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Walter Brooks
14. MOTHER'S MAIDEN NAME: Maria Trout
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): No unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 160-05-7116
17. INFORMANT: Hazel (wife) ADDRESS: 612 Victory Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 day.
DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? no
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): no
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-23 1970 to 7-25 1970 that (I) (we) last saw the deceased alive on 7-25 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Daniel M Howell MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7-25-70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/29/70
24C. NAME of CEMETERY or CREMATORY: Glen Haven M P
24D. LOCATION (City, town, or county) (State): Glen Burnie AA Co Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: Rob. C. Tolbert, M.D.
25C. FUNERAL DIRECTOR: McCally ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

T-400

THCEL .70 7469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7469

BIRTH NO. Thiel, Infan. H

1. NAME OF DECEASED (Type or Print): Lutheran Hospital

2. DATE AND HOUR OF DEATH: 7/25/70 8:40 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

46

LUTHERAN HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore 1538

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 2603 Roslyn Ave

5. SEX: Female 6. RACE: White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 2-14-1886 9. AGE (In years last birthday): 84 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wholesale Produce

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Paul Thiel

14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-03-8906A

17. INFORMANT: Theresa Thiel ADDRESS: 2603 Roslyn Avenue

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1B. 438.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebrovascular disease

DUE TO, OR AS A CONSEQUENCE OF: pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-20-70 19 to 7-25-70 19 8:20 PM that (I) (we) last saw the deceased alive on 6 PM 7-25-70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED:

23C. PHYSICIAN'S NAME (Type): Nassir Saghafi M.D. DEGREE

23D. ADDRESS: Lutheran Hosp. of Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-28-70

24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970 Robert E. Jaeger, M.D.

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR: Armacost Funeral Chapel ADDRESS: 4600 Liberty Hts

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. K-550 70 7470 REG. NO. 70 7470

1. NAME OF DECEASED (Type or Print): KOMAN, ISRAEL

2. DATE AND HOUR OF DEATH: 7-26-70 | 8:50 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL OF BALTIMORE 42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2730
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 6314 GREENSPRING AVE #9

5. SEX: M
6. RACE: WM W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5-15-1898
9. AGE (In years last birthday): 72
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocer
10B. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Benjamin
14. MOTHER'S MAIDEN NAME: Etta
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-32-3024
17. INFORMANT: Mrs Dora Koman
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — 154.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: PULMONARY EMBOLISM — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: JULY 1970 (1 day)

DUE TO, OR AS A CONSEQUENCE OF:

(B) DIFFUSED PERITONITIS — JUNE/JULY 1970 (1 mo)

DUE TO, OR AS A CONSEQUENCE OF:

(C) CA, RECTUM SIGMOID — OCT 1969 (10 mo)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6-15 1970 to 7-26 1970 that (I) (we) last saw the deceased alive on 7-26 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Eddie S. Saw DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7-26-70
23C. PHYSICIAN'S NAME (Type): EDDIE SAW M.D. DEGREE
23D. ADDRESS: SINAI HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/27/70
24C. NAME of CEMETERY or CREMATORY: Shaarei Tfiloh
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: Sylvan Lewis & Son
ADDRESS: 9610 Reisterstown Rd

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. F-460 70 7471

REG. NO. 70 7471

1. NAME OF DECEASED (Type or Print): CLARENCE FULLER

2. DATE AND HOUR OF DEATH: 7/23/70 10:00 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): LUTHERAN HOSP. BALTIMORE 46

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1538
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2705 ROSLYN AVE.

5. SEX: M
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: NOV. 17, 1897
9. AGE (In years last birthday): 72
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carroll Co, Md.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-01-0417
17. INFORMANT: ANN Fuller
ADDRESS: 2701 Roslyn Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

250.9

(A) IMMEDIATE CAUSE: Respiratory failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: —

DUE TO, OR AS A CONSEQUENCE OF:

(B) Diabetic Gangrene both feet 2 months

DUE TO, OR AS A CONSEQUENCE OF:

(C) Malnutrition

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 3 7/2/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: ULCER ⊕ foot
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?:

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NONE
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?: —

22. I certify that (I) (this hospital) attended the deceased from 6-9 19 70 to 7/23 19 70 that (I) (we) last saw the deceased alive on 7/23 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R Francisco DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 7/23/70
23C. PHYSICIAN'S NAME (Type): ROBERTO FRANCISCO DEGREE
23D. ADDRESS: LUTHERAN HOSP MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/27/1970
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE RECEIVED BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: Williams Funeral Home
ADDRESS: 3199 N. Schroeder St.

VS 150-REV. 1/1/68

T-200

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 7472

70 7472

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): MRS. MAZIE EDNA THIESS

2. DATE AND HOUR OF DEATH: 7/25/70 12.00 a.m. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 21204 Balto. 5300
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: Box 85, Dogwood Road

5. SEX: Female
6. RACE: white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 08/10/89
9. AGE (In years last birthday): 80 | If Under 1 Yr. Months: | Days: | If Under 24 Hrs. Hours: | Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Widerman
14. MOTHER'S MAIDEN NAME: Sally Ritter

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 218-01-5106-D
17. INFORMANT: Mrs. Margaret Widerman ADDRESS: 1301 Parkman Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I 412.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Congestive heart failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: days
DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic heart disease — years
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). —

19A. DATE OF OPERATION: 2 —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 07/10 1970 to 07/25 1970 that (I) (we) last saw the deceased alive on 07/25 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Kusuma K. Pruksapong MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 07/25/70
23C. PHYSICIAN'S NAME (Type): Dr. KUSUMA K. PRUKSAPONG MD DEGREE
23D. ADDRESS: Bon Secours Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: July 29, 1970
24C. NAME of CEMETERY or CREMATORY: Mt. Olive N Cemetery
24D. LOCATION (City, town, or county) (State): Randallstown Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: Robert E. Fabian, M.D.
25C. FUNERAL DIRECTOR: Loring Byers ADDRESS: 8728 Liberty Road 21133

VS 150-REV. 1/1/68

38-86-23 dp

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. L-524 70 7473 REG. NO. 70 7473

1. NAME OF DECEASED (Type or Print): LANGLEY CHRISTINE

2. DATE AND HOUR OF DEATH: 7/13/70 . 2.20 P.M. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospital 4940 Eastern Ave, Baltimore, MD. 21224

31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD B. COUNTY: 1901

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 1704 Sanatorium Street 4940 Eastern Avenue 21224 007

5. SEX: Female 6. RACE: Negro 7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 9. AGE (In years last birthday): 60 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: Unemployed

11. BIRTHPLACE (State or foreign country): S. CAROLINA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: 4940 Eastern Avenue BCH-Records ADDRESS: Baltimore, Maryland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 599.0

(A) IMMEDIATE CAUSE: Bronchopneumonia

DUE TO, OR AS A CONSEQUENCE OF:

(B) Urinary Tract Infection

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Cirrhosis of the liver Chronic Brain Syndrome

19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-29 1963 to 7/13/ 1970 that (I) (we) last saw the deceased alive on 7/10/ 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: D B Rao MD DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ 23B. DATE SIGNED: 7-13-70

23C. PHYSICIAN'S NAME (Type): D. B. RAO M.D. DEGREE 23D. ADDRESS: Baltimore City Hospital Baltimore MD

24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE: 7-23-70 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT. JUL 28 1970 25B. NAME OF REGISTRAR Robert E. Farber, M.D. 25C. FUNERAL DIRECTOR ADDRESS

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Called hospital address prior to admission
given as 1704 Saratoga St.

1

70 7474

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. X-620

REG. NO. 70 7474

1. NAME OF DECEASED (Type or Print) MARY L. KRUG	2. DATE OF DEATH Known ☐ Estimated ☐ Month 5 Day 8 Year 70 Hour 1:00 p M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital	3. DATE PRONOUNCED DEAD Month May Day 8 Year 1970 Hour 1:00 p M.
44	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 12 06
6. SEX Female 7. RACE White 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN Balto. D. INSIDE CITY LIMITS? YES ☐ NO ☐
9. DATE OF BIRTH 10. AGE (In years last birthday) 68 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	E. STREET AND NUMBER 2708 St. Paul St.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS

MEDICAL CERTIFICATION

19. 433.9

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE Cerebral infarct

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No) YES
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy XX and that on this basis, death in my opinion resulted from: Natural causes XX Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER XX
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE [signature] M.D.

EXAMINER'S NAME (Type) Isidore Mihalakis, M.D.

DATE SIGNED 5/9/70

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE 7-28-70	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. JUL 28 1970	25B. NAME OF REGISTRAR Robert E. Jaeger, M.D.	25C. FUNERAL DIRECTOR	ADDRESS

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

VS 151-REV. 1/1/68

1

C-462 70 7475

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 7475

1. NAME OF DECEASED (Type or Print): MILO E. CLARK

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year Hour May 15, 1970 3:45 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 2402 Lock Raven Blvd.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 408

6. SEX: Male

7. RACE: White

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH

10. AGE (In years last birthday): 60?

If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

E. STREET AND NUMBER: 2402 Lock Raven Blvd.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT ADDRESS

MEDICAL CERTIFICATION

19. 412.4

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 5/16/70

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE: 7-28-70

24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City or County) (State)

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR ADDRESS

VS 151-REV. 3/1/68

1

70 7476

BALTIMORE CITY HEALTH DEPARTMENT

M-625

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7476

BIRTH NO.

1. NAME OF DECEASED (Type or Print): DURON MORGAN

2. DATE OF DEATH — Known ☐ Estimated ☐ — Month: 5 Day: 5 Year: 70 Hour: 1:30 a M.

3. DATE PRONOUNCED DEAD — Month: May Day: 5 Year: 1970 Hour: 1:30 a M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1110 Thomsen St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 501

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH
10. AGE (In years last birthday): 50
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.
E. STREET AND NUMBER: 1110 Thomsen St.

11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

19. 571.8

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Fatty liver
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: ~~Natural causes~~ ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 5/4/70

24A. BURIAL CREMATION, REMOVAL (Specify)
24B. DATE: 7-28-70
24C. NAME of CEMETERY or CREMATORY
24D. LOCATION (City, Town or County) (State)

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: Robert E. Talley M.D.
25C. FUNERAL DIRECTOR
ADDRESS

VS 151-REV. 3/1/68

1

S-53d 70 7477

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7477

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WALTER SMITH

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year May 16, 1970 Hour 11:00 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1017 N. Fulton Avenue, 3rd Floor

00

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1603

6. SEX: Male

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH

10. AGE (in years last birthday): 39
If Under 1 Yr. or Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 1017 N. Fulton Avenue

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT ADDRESS

MEDICAL CERTIFICATION

19. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

412.4

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 5/17/70

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE: 7-28-70

24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, town, or county) (State)

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE BCHD

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR

ADDRESS

VS 151-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. E-363 70 7478

REG. NO. [redacted] 70 7478

1. NAME OF DECEASED (Type or Print): Edwards, Warren B.

2. DATE AND HOUR OF DEATH: 7-26-70 | 12:15 p.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Harbor View U.C.C.
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1213 Lisbon St. Baltimore (20)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 21207 1510
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3501 Berwyn Ave. BERWYN AVE

5. SEX: M.
6. RACE: W.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 5/19/96
9. AGE (In years last birthday): 74 yrs.
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Labor
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Edwards Sr.
14. MOTHER'S MAIDEN NAME: Kathryn Chapman

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 705-05-3456
17. INFORMANT: Mrs Jarred Rutkowski
ADDRESS: 1748 Stokesay Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 hr.
DUE TO, OR AS A CONSEQUENCE OF: A.S.C.V.D.
(B) Coronary arteriosclerosis
DUE TO, OR AS A CONSEQUENCE OF:
(C) Generalized art.-Sel.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
(Post) Lt. Mid Thigh amputation
Chronic Brain Syndrome

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 6/26 1970 to 7/26 1970 that (I) (~~we~~) last saw the deceased alive on 6/26 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Kenneth Kulewicz MD DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7/26/70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-29-70
24C. NAME of CEMETERY or CREMATORY: Glen Haven M.P.
24D. LOCATION (City, town, or county) (State): Glen Burnie, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 28 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: McCarthy
ADDRESS: 137 Patapsco ave

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 1-000 70 7479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7479

1. NAME OF DECEASED (Type or Print): Winfield Lowe

2. DATE AND HOUR OF DEATH: 7-25-70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 5201 Ashland Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: Md. 21205 2634
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5201 Ashland Avenue

5. SEX: male
6. RACE: white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 10/2/06
9. AGE (in years last birthday): 63
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Painter
10B. KIND OF BUSINESS OR INDUSTRY: Crown Cork & Seal
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Clark Lowe
14. MOTHER'S MAIDEN NAME: unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 121-09-4554
17. INFORMANT: Charles Lowe, 1940 Frames Rd. 21222 ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

18. 250.9
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: immediate
DUE TO, OR AS A CONSEQUENCE OF:
(B) Generalized Arteriosclerosis — 5yr
DUE TO, OR AS A CONSEQUENCE OF:
(C) Diabetes Mellitus — 10yr

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 19 62 to 7/25 19 70 that (I) (we) last saw the deceased alive on 7/21 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Emmett P. Davis DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/25/70
23C. PHYSICIAN'S NAME (Type): Emmett P. Davis DEGREE
23D. ADDRESS: 5317 Belair Road

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/28/70
24C. NAME of CEMETERY or CREMATORY: Gardens of Faith
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 29 1970
25B. NAME OF REGISTRAR: Robert E. Tabery M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

1

W-425 70 7480

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 7480

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Annie Wilson

2. DATE OF DEATH: Known ☐ Estimated ☐ — Month 7, Day 27, Year 70, Hour 12:12 a.m.

3. DATE PRONOUNCED DEAD: Month 7, Day 27, Year 70, Hour 12:12 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital

39

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1501

6. SEX: female

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 2/19/33

10. AGE (In years last birthday): 37
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 1347 Woodyear St.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Marvin Thomas Wilson

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barmaid

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Smith

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

17. SOCIAL SECURITY NO.: 218-28-8772

18. INFORMANT: Lenora Hall, 1347 Woodyear Street — ADDRESS

MEDICAL CERTIFICATION

19. E887 X

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Subdural hematoma

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Fatty metamorphosis of liver

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION:

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): unk.

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): unk.

0000

22D. TIME OF INJURY (APPROX.): (Month) 4 (Day) 30 (Year) 70 (Hour) ? m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Subject fell

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒

DATE SIGNED: 7/27/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/29/70

24C. NAME of CEMETERY or CREMATORY: Mount Auburn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 29 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: Charles E. Hughes — ADDRESS: 1532 Hollins Street #23

VS 151-REV. 1/1/68

N 852.0

L-236 70 7481

BIRTH NO. [redacted]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7481

1. NAME OF DECEASED (Type or Print): LUSTER, JOHN.

2. DATE AND HOUR OF DEATH: 7/25/70 8·30 pm. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hosp. of Maryland 46

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 1608

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 627 Mt, HOLLY St.

5. SEX: M 6. RACE: N. 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 8-01-04 9. AGE (In years last birthday): 65 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine operator in Rubber factory.

10B. KIND OF BUSINESS OR INDUSTRY: Unemployed.

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Benjamin Luster.

14. MOTHER'S MAIDEN NAME: KATIE NEWMAN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 216-03-9288-A

17. INFORMANT: Wife : ROSA LUSTER ADDRESS: 627 Mt, Holly St.

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. 011.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary Tuberculosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 weeks.

DUE TO, OR AS A CONSEQUENCE OF: —

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF: —

(C) —

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). —

19A. DATE OF OPERATION: — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: — 20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 7/23/ 1970 to 7/25 1970 that (I) (we) last saw the deceased alive on ____ 19____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] M.D. DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 7/25/70.

23C. PHYSICIAN'S NAME (Type): CHRYSOLOGUE GAKUBA DEGREE

23D. ADDRESS: Lutheran Hosp. of Maryland 730, ASHBURTON St. Baltimore 21216.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/29/70

24C. NAME of CEMETERY or CREMATORY: ARBUTUS MEM. PK.

24D. LOCATION (City, town, or county) (State): ARBUTUS, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: JUL 29 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: CHARLES A. RICE ADDRESS: 661 W. BARRE ST.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7482 REG. NO. 70 7482

1. NAME OF DECEASED (Type or Print): STRICKLAND WILLIUM
2. DATE AND HOUR OF DEATH: 7 12 2 70 2-40 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital of Maryland
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md B. COUNTY: 1606
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 730, Ashburton Street
46
5. SEX: Male 6. RACE: N. 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 4-18-95 9. AGE (In years last birthday): 75 yrs If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): N. Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Samuel J. Strickland
14. MOTHER'S MAIDEN NAME: Ella Todd
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-07-2204
17. INFORMANT: Samuel Strickland Jr. ADDRESS: Hawthorn Av. ~~4207 Ashburton St.~~

MEDICAL CERTIFICATION

18. 038.91

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Septicemia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 37 hrs.

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-19 1970 to 7-22 1970 that (I) (we) last saw the deceased alive on 7-22 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type): PRAGNA DESAI M.D. DEGREE
23D. ADDRESS: 730, Ashburton Street

24A. BURIAL CREMATION REMOVAL (Specify): Burial
24B. DATE: 7-27-70
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Westport (Baltimore) Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 29 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Joseph Lobies ADDRESS: 2222 W. Northern

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. T-135 70 7483 REG. NO. 70 7483

1. NAME OF DECEASED (Type or Print): WILLIAM H. TIPTON

2. DATE AND HOUR OF DEATH: JULY 25, 1970 | 11:35 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 91 MONTEBELLO STATE HOSP

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: CECIL 57-00
C. CITY OR TOWN: PERRYVILLE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: SUSQUEHANNA AVE

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 6-7-1912
9. AGE (In years last birthday): 58
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Acct
10B. KIND OF BUSINESS OR INDUSTRY: Self-Emp.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Howard O. Tipton
14. MOTHER'S MAIDEN NAME: EDNA M. Boyd

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 716-01-6557
17. INFORMANT: Catherine M. Tipton, ADDRESS: Perryville, Md.

MEDICAL CERTIFICATION

18. 412.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Congestive Heart Failure — 7 months
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerotic Hypertensive Htt — 6 yrs
DUE TO, OR AS A CONSEQUENCE OF:
(C) disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 2-25- 1970 to 7-25- 1970 that (I) (we) last saw the deceased alive on 7-25-70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: H Drayton Lewis M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7-25-70
23C. PHYSICIAN'S NAME (Type): M. INAYATULLAH M.D. DEGREE
23D. ADDRESS: Montebello Hospital, Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/27/1970
24C. NAME of CEMETERY or CREMATORY: St. Marks Cemetery
24D. LOCATION (City, town, or county) (State): Perryville, Cecil, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 29 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Lee A. Patterson & Son, ADDRESS: Perryville, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-163 70 7484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 7484

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Henry G. Seibert — Henry G. Seibert

2. DATE AND HOUR OF DEATH 7/27/70 9:30 (AM.)

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
Baltimore City Hospital
4940 Eastern Avenue Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore
C. CITY OR TOWN Edgemere D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER Box 258 E. Rt-10 21219

5. SEX Male 6. RACE White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH 6-4-81 9. AGE (In years last birthday) 89 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10B. KIND OF BUSINESS OR INDUSTRY Government
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Seibert
14. MOTHER'S MAIDEN NAME Margaret Avig

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-16-5821A
17. INFORMANT BCH: Records ADDRESS 4940 Eastern Avenue Baltimore, Maryland 21224

CAUSE OF DEATH

18. 486 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Anoxia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 min.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Pneumonia — 24 hrs.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
(1) Anemia (2) Uremia (3) Fracture L. hip, ASCVD

MEDICAL CERTIFICATION

19A. DATE OF OPERATION 7/22
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Urinary tract obstruction
20A. AUTOPSY? (Yes or No) No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 29, 1970 19 to July 27, 1970 that (I) (we) last saw the deceased alive on July 27, 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE J. L. Fleg MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED 7/27/70
23C. PHYSICIAN'S NAME (Type) J. L. Fleg M.D. DEGREE
23D. ADDRESS Baltimore City Hospital 4940 Eastern Ave. Balto. Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify) Burial
24B. DATE 7/30/70
24C. NAME of CEMETERY or CREMATORY Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. JUL 29 1970
25B. NAME OF REGISTRAR Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR John J. Duda, ADDRESS 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

44-8025 djs 1

RELEASED BY MEDICAL EXAMINER

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-120 70 7485

REG. NO. 70 7485

1. NAME OF DECEASED (Type or Print): GEORGE FREDERICK HEUBECK - (Jr.) Heubeck, Mr George

2. DATE AND HOUR OF DEATH: 7-25-70 | 4:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): "Keswick" - 700 W. 40th St.

91

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Tudor Arms Apts (501 W. Univ. Pkway)

B. COUNTY

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 501 W. Univ. Parkway 1307

5. SEX: M

6. RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 12-29-1887

9. AGE (In years last birthday): 82 yrs

If Under 1 Yr. Months: Days | If Under 24 Hrs. Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto' Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Christian Frederick Heubeck

14. MOTHER'S MAIDEN NAME: Louisa Alberta Miller

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Keswick Records (700 W 40th St)

ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Generalized arteriosclerosis

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Jan. 17th 1968 to July 25 1970 that (I) (we) last saw the deceased alive on ____ 19____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E. Hunkeler Jr M DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 7-27-70

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 7/28/70

24C. NAME of CEMETERY or CREMATORY: LOUDON PARK CEMETERY

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 29 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: STEWART & MOWEN CO.

ADDRESS: 108 W. North City 1

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. B-616 70 7486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7486

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): GEORGE N. BERBERICH

2. DATE AND HOUR OF DEATH: July 27, 1970 11:00 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2616 E. Monument St.
00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 702
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2616 E. Monument St.

5. SEX: male
6. RACE: caucasian
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Sept. 6, 1898
9. AGE (In years last birthday): 71 | If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10B. KIND OF BUSINESS OR INDUSTRY: National Can Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Karl Berberich
14. MOTHER'S MAIDEN NAME: WUNDER
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-07-5967
17. INFORMANT: Karl V Berberich
ADDRESS: 8421 Merrymount Dr. 21207

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Atherosclerotic Cardiovascular Disease
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from April 19 69 to July 19 70 that (I) (we) last saw the deceased alive on Feb. 26 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: John G. Orth, M.D. DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/28/70
23C. PHYSICIAN'S NAME (Type): Dr. John G. Orth DEGREE
23D. ADDRESS: 8019 Philadelphia Rd, Balto, Md.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-31-70
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart of Jesus Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 29 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc.
ADDRESS: Baltimore, Md. - 14

VS 150-REV. 1/1/68

S-360 70 7487

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7487

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): SAMUEL L. STROH Jr.

2. DATE AND HOUR OF DEATH: July 27, 1970 | 7 55 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 821 E. 33rd St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 905
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 821 E. 33rd St.

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7/14/1921
9. AGE (In years last birthday): 49
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office Mgr
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Samuel Lowry Stroh, Sr.
14. MOTHER'S MAIDEN NAME: Helen Rockerfeller
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: 207-03-8065
17. INFORMANT: S.L.Stroh Sr. Westminister, Md. ADDRESS

MEDICAL CERTIFICATION

18. 532.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute GI hemorrhage. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4-6 hours.
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Oesophageal varices & duodenal ulcer. — Un M Hosp - 11-19- to 12-12-69
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): None.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov 19 1969 to July 27 1970 that (I) (we) last saw the deceased alive on July 26 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Bernard J. Cohen. MD. DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7-27-70.
23C. PHYSICIAN'S NAME (Type): Dr. Bernard J. Cohen DEGREE
23D. ADDRESS: 3501 St. Paul St., Balto 18, Md

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 7/29/70
24C. NAME of CEMETERY or CREMATORY: Greenmount Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 29 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. Balto. Md. 21214 ADDRESS

VS 150-REV. 1/1/68

S-550 70 7488

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 7488

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): STANLEY W. SUMAN

2. DATE AND HOUR OF DEATH: 7/26/70 9:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SOUTH BALTIMORE GEN. HOSP. 3001 S. HANOVER ST. BALTO. MD 21230

43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: Anne Arundel
C. CITY OR TOWN: GLEN BURNIE
D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: 203 9 Th. Ave. S.E. 21061

52-00

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 10/31/90
9. AGE (In years last birthday): 79
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10B. KIND OF BUSINESS OR INDUSTRY: Tool Supply Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis W. Suman
14. MOTHER'S MAIDEN NAME: Cora L. Gilbert

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
If yes, give war or dates of service:
16. SOCIAL SECURITY NO.: 049-09-9044
17. INFORMANT: Mrs. Betty J. Cook
ADDRESS: (Same)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: PNEUMONIA, LOBAR — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) CA. OF PROSTATE

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): C.V.A, OLD

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/23 1970 to 7/26 1970 that (I) (we) last saw the deceased alive on 7/26 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Martin J. Shuman M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7/26/70
23C. PHYSICIAN'S NAME (Type): MARTIN J. SHUMAN MD DEGREE
23D. ADDRESS: 3001 S. HANOVER ST.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/30/70.
24C. NAME of CEMETERY or CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 29 1970
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. Balto. Md. 21214
ADDRESS

VS 150-REV. 1/1/68

T-600 70 7489

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7489

FUNEAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): ANNA Catanese TORRE

2. DATE AND HOUR OF DEATH: July 28, 1970 | 12:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 GOULD'S CONVALESARIUM

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 2745

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 6207 Moyer Ave.

5. SEX: female

6. RACE: caucasian

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: 2/15/1891

9. AGE (In years last birthday): 79

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John Catanese

14. MOTHER'S MAIDEN NAME: Claudia Rindone

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. Natale Torre same

ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebral thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7/24/70

DUE TO, OR AS A CONSEQUENCE OF:

(B) Cerebral arteriosclerosis — 1963

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

433.9

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?:

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) [ ]

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?:

22. I certify that (I) (this hospital) attended the deceased from February 27 1960 to July 28 1970 that (I) (~~we~~) last saw the deceased alive on July 28 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Alessi DEGREE

Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 7/28/70

23C. PHYSICIAN'S NAME (Type): Dr. Edward J. Alessi DEGREE

23D. ADDRESS: 6217 Harford Rd, Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/31/70

24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cem.

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 29 1970 Robert E. Farber, M.D.

25B. NAME OF REGISTRAR:

25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. - Baltimore, Md.

ADDRESS:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. T-362 70 7490

REG. NO. 70 7490

1. NAME OF DECEASED (Type or Print): GEORGE J. THEODORAKOS

2. DATE AND HOUR OF DEATH: 27 July 1970 4.45 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL

44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 905

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 815 E. 33 RD St.

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 2/26/12

9. AGE (In years last birthday): ~~58~~ 58

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): GREECE

12. CITIZEN OF WHAT COUNTRY? Greece

13. FATHER'S NAME: James Theodorakos

14. MOTHER'S MAIDEN NAME: Helen Kondogianis

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Helen Theodorakos

ADDRESS: (Same)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

410.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: minutes

DUE TO, OR AS A CONSEQUENCE OF: Myocardial infarction — 7/14/70

(B) ~~Heart attack~~ — several mos

DUE TO, OR AS A CONSEQUENCE OF:

(C) Ischemic heart dis — 3 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

Hypertension — 3 yrs

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/14/70 19 to 7/27/70 19 that (I) (we) last saw the deceased alive on 7/27 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: JKhoury DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 7/27/70

23C. PHYSICIAN'S NAME (Type): JACQUES KHOURY DEGREE

23D. ADDRESS: UNION MEMORIAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/30/70

24C. NAME of CEMETERY or CREMATORY: Greek Orthodox Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 29 1970

25B. NAME OF REGISTRAR: Robert E. Faber M.D.

25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc.

ADDRESS: Balto. Md. 21214

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. W-623 70 7491

REG. NO. 70 7491

1. NAME OF DECEASED (Type or Print): Anna B. Wright

2. DATE AND HOUR OF DEATH: July 25 1970 6.10 A. M.

CERTIFICATE AMENDED 8-7-70

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Mt. Sinai Convalescent & Nursing Center ~~Pleasant Manor Nursing Home~~
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4613 Park Heights Avenue

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: July 26, 1970 2607
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 305 S. Macon Street

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 10/31/83
9. AGE (In years last birthday): 35
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Thompson Cain
14. MOTHER'S MAIDEN NAME: Elizabeth
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-09-7390 A
17. INFORMANT: Mr. Ira Wright
ADDRESS

MEDICAL CERTIFICATION

18. 412.4

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Arteriosclerotic Cardio. Vascular Disease
DUE TO, OR AS A CONSEQUENCE OF:
(B) Osteoarthritis of spine
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 15 1970 to July 26 1970, that (I) (we) last saw the deceased alive on July 24 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) ~~(did)~~ (did not) view the body after death.

23A. SIGNATURE: Louis T. Lavy M.D. DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: July 29 1970
23C. PHYSICIAN'S NAME (Type): LOUIS T. LAVY M.D. DEGREE
23D. ADDRESS: 3502 W. Rogers Ave Baltimore Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/29/70
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 29 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Joseph N. Zannino
ADDRESS: 263 S. Conkling St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Letter from Physician who signed Cert.
8-7-70 M.H.

C-615

1

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 7492 REG. NO. 70 7492

1. NAME OF DECEASED (Type or Print): Annie Carpenter

2. DATE OF DEATH: Known [X] Estimated [ ] Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 7 Day 24 Year 1970 Hour 5:30 PM

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Kene Saw Nursing Home

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1607

6. SEX: Female

7. RACE: C

8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: 4/17/1887

10. AGE (In years last birthday): 83

If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 3010 Brighten Street

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Wray

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

14B. KIND OF BUSINESS OR INDUSTRY: Home

15. MOTHER'S MAIDEN NAME: Martha Hill

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Mrs. Harry Carpenter ADDRESS: 3700 Denison Rd.

MEDICAL CERTIFICATION

19. 412.4+ E884X

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.): Arteriosclerotic cardio-vascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Fracture of hip

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): nursing home

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Kene Saw Nursing Home, Balto., Md.

22D. TIME OF INJURY (APPROX.) (Month) 7 (Day) 1 (Year) 1970 (Hour) 9:00 PM m.

22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

22F. HOW DID INJURY OCCUR? fell out of bed

23. I certify that I held on Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [X] Suicide [ ] Homicide [ ] Undetermined manner [ ]

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner

DATE SIGNED: 7/25/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/28/1970

24C. NAME of CEMETERY or CREMATORY: Carver Memorial Park

24D. LOCATION (City, town, or county) (State): Laurel Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 29 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME ADDRESS: 3035 W. NORTH AVE

VS 151-REV. 7/1/68

N 820.4

4E Brighton St.

1
W-452

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 7493 REG. NO. 70 7493

1. NAME OF DECEASED (Type or Print): Paul D. Williams

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 7 Day 26 Year 1970 Hour 1:00 AM M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1608

6. SEX: Male

7. RACE: Colored

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 4/22/1943

10. AGE (In years last birthday): 27 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 820 Edgewood Street

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Williams

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assembly Line

14B. KIND OF BUSINESS OR INDUSTRY: General Motors

15. MOTHER'S MAIDEN NAME: Elva Banton

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. SOCIAL SECURITY NO. 216-40-1437

18. INFORMANT: Mrs. Connie Williams ADDRESS: 718 Edgewood St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

E955 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gunshot wound of head
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): house

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2507 W. Mosher Street 1605

22D. TIME OF INJURY (APPROX.) (Month) 7 (Day) 26 (Year) 1970 (Hour) 1:00 AM m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? shot self

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☒ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Werner U. Spitz, M.D. M.D.

Deputy Chief Medical Examiner

DATE SIGNED: 7/26/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/30/1970

24C. NAME of CEMETERY or CREMATORY: Baltimore National Cem

24D. LOCATION (City, town, or county): Baltimore (State): Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 29 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME ADDRESS: 3035 W. NORTH AVE

VS 151-REV. 1/1/68

N854.1

called hospital said patient was a DOA.
therefore no address.
Funeral home gave address as 718 Edgewood St

1

S-200

BALTIMORE CITY HEALTH DEPARTMENT

70 7494

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70 7494

BIRTH NO. 70-06717 REG. NO.

1. NAME OF DECEASED (Type or Print): Monica L. Suggs

2. DATE OF DEATH: Known ☐ Estimated ☒ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 7 Day 26 Year 1970 Hour 8:18 AM M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4908 Resterstown Road

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 28 31

6. SEX: Female

7. RACE: Colored

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 4/15/1970

10. AGE (In years last birthday)

If Under 1 Yr. If Under 24 Hrs. Months: 3 Days: 11 Hours: Min.:

E. STREET AND NUMBER: 4908 Reisterstown Road

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Briscoe

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Rosalyn Briscoe

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.: None

18. INFORMANT: Rosalyn Suggs ADDRESS: 4908 Resterstown Road

MEDICAL CERTIFICATION

19. 795X

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: SDII

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No) yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23.

I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Werner U. Spitz M.D.

EXAMINER'S NAME (Type): Werner U. Spitz, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐ Deputy Chief Medical Examiner

DATE SIGNED 7/26/1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/29/1970

24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park

24D. LOCATION (City, town, or county) (State): Baltimore County Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 29 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME ADDRESS: 3035 W. NORTH AV

VS 151-REV. 1/1/68

E-420 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7495 REG. NO. 70 7495

1. NAME OF DECEASED (Type or Print): John Herman Ellis

2. DATE AND HOUR OF DEATH: July 25, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 1810 Clifton Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1504
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1810 Clifton Avenue

5. SEX: Male 6. RACE: Negro 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 3/28/1893 9. AGE (In years last birthday): 77 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintence Man
10B. KIND OF BUSINESS OR INDUSTRY: Social Security
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert Ellis
14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-01-1843
17. INFORMANT: Mrs. Lillian B. Ellis ADDRESS: 1810 Clifton Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

I 1B. 189.0 & 250.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of Kidney — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 years

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Diabetes, Chronic pyelonephritis

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from Jan 19 66 to July 25 19 70, that (I) (we) last saw the deceased alive on July 23 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert Levy DEGREE: Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7/27/70
23C. PHYSICIAN'S NAME (Type): Robert I Levy MD DEGREE:
23D. ADDRESS: 114 Medical Arts

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/29/1970
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore County Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 29 1970
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME ADDRESS: 3035 W. NORTH AV

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-650 70 7496

BIRTH NO. Pennsylvania

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7496

1. NAME OF DECEASED (Type or Print): Dorothy Marie Brown

2. DATE AND HOUR OF DEATH: 7/20/70 6:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hosp. of Baltimore

42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD

B. COUNTY: 1538

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 3325 West Forest Park Ave. #16

5. SEX: F

6. RACE: black

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 5/29/70

9. AGE (In years last birthday): 7wks.

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Philadelphia, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lucas Wilson

14. MOTHER'S MAIDEN NAME: Vivian Brown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Ruby Morris

ADDRESS: 3325 W. Forest Park Avenue

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 741.0

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	cardiac arrest	2-3 min.
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Aspiration of vomitus	2-3 min.
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	congenital hydrocephalus	congenital

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

hypertonic dehydration — 3-4 days

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/16 19 70 to 7/20 19 70 that (I) (we) last saw the deceased alive on 7/20 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ma. Ophelia Zarzuela M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 7/20/70

23C. PHYSICIAN'S NAME (Type): Ma. Ophelia Zarzuela DEGREE

23D. ADDRESS: Sinai Hosp. of Baltimore

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/23/1970

24C. NAME of CEMETERY or CREMATORY: Rest Well Cemetery

24D. LOCATION (City, town, or county) (State): Balton North Carolina

25A. DATE REC'D BY HEALTH DEPT.: JUL 29 1970

25B. NAME OF REGISTRAR: Robert E. Barber, M.D.

25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME

ADDRESS: 3035 W. NORTH AVE

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-5621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 7497 X REG. NO. 70 7497

1. NAME OF DECEASED (Type or Print): Joseph Mannherz

2. DATE AND HOUR OF DEATH: 7/25/1970 6:00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital
48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 00 Co. 5200
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 310 14th Street

5. SEX: M 6. RACE: W 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 4/16/1904 9. AGE (In years last birthday): 66 If Under 1 Yr. Months Days Hours If Under 24 Hrs. Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: Maryland Drydock

11. BIRTHPLACE (State or foreign country): ~~Austria~~ Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anton Mannherz
14. MOTHER'S MAIDEN NAME: Agnes Etcshek

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No. (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 212-09-5827

17. INFORMANT: Mary Mannherz ADDRESS: 310-14th Street Baltimore Md.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 433.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 days
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Cerebral thrombosis — 6 years
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 10 19 70 to July 25 19 70 that (I) (we) last saw the deceased alive on July 25 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Reiko Mamenwala ~~Reiko Isikamoto~~ M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 7/25/70
23C. PHYSICIAN'S NAME (Type): MAKETWALA ~~Reiko Isikamoto~~ M.D. DEGREE
23D. ADDRESS: Maryland General Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/29/70
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: JUL 29 1970
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: Charles E. Stevens Funeral Home, Inc. ADDRESS: 1501 East Fort Avenue

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-260 70 7498

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 70 7498

1. NAME OF DECEASED (Type or Print): Olaf Carlson Baker

2. DATE AND HOUR OF DEATH: July 27, 1970 | 12:20 P M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Public Health Service Hospital 3100 Wyman Parkway

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 202

C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 18 S. Durham Street

5. SEX	6. RACE	7. MARITAL STATUS (Married, Never Married, Widowed, Divorced)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M	W	Single	12/15/96	73		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Labor

10B. KIND OF BUSINESS OR INDUSTRY: The National Brewing

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Karl Baker

14. MOTHER'S MAIDEN NAME: ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 215-14-4090

17. INFORMANT: Records- US PHS Hospital, Balto, Md. ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

1B. 151.9

(A) Peritonitis and sepsis — Days

DUE TO

(B) Adenocarcinoma of stomach — Monhhs

DUE TO

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I)/(this hospital) attended the deceased from June 5 1970 to July 27 1970, that (I)/(we) last saw the deceased alive on July 27 1970 and that in (my)/(our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gary E. Feldman M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 7/28/70

23C. PHYSICIAN'S NAME (Type): Gary E. Feldman, SA Surg (R) M.D.

23D. ADDRESS: US PHS Hospital, Balto, Md.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	July 30 70	Holy Cross Cemetery	6020 Richie Highway Balto Md

25A. DATE REC'D BY HEALTH DEPT.: JUL 29 1970 Robert E. Jeffery M.D.

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR: THE DIPPEL BROS INC ADDRESS: 800 E LOMBARD ST

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

RGB

BIRTH NO. R-320 70 7499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 7499

1. NAME OF DECEASED (Type or Print): William W. Rhodes

2. DATE AND HOUR OF DEATH: 7/29/1970 12:05A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Gould Convalesarium 90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 1102

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: Alcazar Hotel

5. SEX: M 6. RACE: W 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 3/13/87 9. AGE (In years last birthday): 83 If Under 1 Yr. Months Days Hours If Under 24 Hrs. Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Banker 10B. KIND OF BUSINESS OR INDUSTRY: Finance

11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J. Louis Rhodes 14. MOTHER'S MAIDEN NAME: Clara Skiner

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-09-3789

17. INFORMANT: Mrs. Bernard J. McGarvey, 1371 Pentwood Rd. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Carcinoma of Prostate — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 yrs

DUE TO, OR AS A CONSEQUENCE OF: with metastasis to pelvis, lungs

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C) Arteriosclerotic C-V disease — 20 yrs

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Peripheral vascular insufficiency

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Jan 21 1969 to July 29 1970 that (I) (~~we~~) last saw the deceased alive on July 28 1970 and that in (my) (~~our~~) opinion death occurred at the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: H. V. Harbold MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ] 23B. DATE SIGNED: July 29, 1970

23C. PHYSICIAN'S NAME (Type): Dr. Harold V. Harbold DEGREE 23D. ADDRESS: 4706 Harford Rd.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 7/31/70 24C. NAME of CEMETERY or CREMATORY: St. Peter's Cemetery 24D. LOCATION (City, town, or county) (State): Queenstown, Md.

25A. DATE REC'D BY HEALTH DEPT.: JUL 29 1970 25B. NAME OF REGISTRAR: Robert E. Farber, M.D. 25C. FUNERAL DIRECTOR: H.W. Jenkins & Sons Co. ADDRESS: 4905 York Rd. Balto., Md. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

4E

Cathedral + Madison

1

G-652 70 7500

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70 7500

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): Clarence Grimes

2. DATE OF DEATH: Known ☐ Estimated ☒ — Month 7, Day 25, Year 1970, Hour 6:40 AM M.

3. DATE PRONOUNCED DEAD: Month 7, Day 25, Year 1970, Hour 6:50 AM M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 92 Baltimore City Jail

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Maryland — B. COUNTY: 1206

6. SEX: Male

7. RACE: White

8. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: January 25, 1924

10. AGE (In years last birthday): 46 — If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 2012 N. Charles Street

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clarence Leonard Grimes

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bar Tender

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Mamie Sikes

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes — (If yes, give war or dates of service): II

17. SOCIAL SECURITY NO.: ?

18. INFORMANT: Mrs Mamie Grimes — ADDRESS: 2213 Thersa Dr. Savannah, Ga.

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cranio-cerebral injury — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: ?

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): unknown

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): unknown 00-00

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): ? m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR? apparently fell on back of head

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Werner U. Spitz, M.D. — Deputy Chief Medical Examiner

DATE SIGNED: 7/25/70

24A. BURIAL CREMATION, REMOVAL (Specify): Removal - Burial

24B. DATE: July 30, 1970

24C. NAME of CEMETERY or CREMATORY: Old Canoochee Cem.

24D. LOCATION (City, town, or county) (State): Emanuel Co. Ga.

25A. DATE REC'D BY HEALTH DEPT.: JUL 29 1970

25B. NAME OF REGISTRAR: Robert E. Talbey, M.D.

25C. FUNERAL DIRECTOR: George L. Schaub, Inc. — ADDRESS: 2101 Fred Ave. Balto, Md.

VS 151-REV. 1/1/68

N 854.0